

1-27-97 B 0745 C
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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 561734 (5)
 1. Corporation Name
FENTON AND LANG, INC.



Principal Place of Business: **2 SOUTH BEACH RD. P.O. BOX 67 HOBE SOUND FL 33475-7067**
 Mailing Address: **2 SOUTH BEACH RD. P.O. BOX 67 HOBE SOUND FL 33475-0067**

3. Date Incorporated or Qualified: **03/10/1978** 3a. Date of Last Report: **04/30/1996**
 4. FEI Number: **59-1817704** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. 2a. Mailing Address: **26** Suite, Apt. #, etc.
 22 City & State: **27** City & State
 23 Zip: **25** Country 28 Zip: **29** Country

9. Name and Address of Current Registered Agent
LANG, J. GRAEME, JR.
2 SOUTH BEACH RD.
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, J. GRAEME, JR.	
STREET ADDRESS	2 SOUTH BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33475	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, ELIZABETH L.	
STREET ADDRESS	2 SOUTH BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33475	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHN BLADES,	
STREET ADDRESS	402 SEABREEZE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lang, J. Graeme, Jr.	
1.3 STREET ADDRESS	2 South Beach Road	
1.4 CITY-ST-ZIP	Hobe Sound, FL, 33475	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lawrence L. Martin	
2.3 STREET ADDRESS	209 Ridgeway Road	
2.4 CITY-ST-ZIP	Lexington, KY 40502	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alden L. Whelan	
3.3 STREET ADDRESS	513 Post Oak Rd.	
3.4 CITY-ST-ZIP	Annapolis, MD. 21401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **1/27/97** Daytime Phone #: **561-516-2389**

CR2E034 (9/96)