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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 561734

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 33475-7067



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1978

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, J. GRAEME, JR.
2 SOUTH BEACH RD.
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD DELETE
NAME LANG, J.GRAEME, JR.
STREET ADDRESS 2 SOUTH BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME MARTIN, LAWRENCE L
STREET ADDRESS 209 RIDGEWAY ROAD
CITY-ST-ZIP LEXINGTON KY

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP DELETE
NAME JOHN BLADES,
STREET ADDRESS 402 SEABREEZE AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WHELAN, ALDEN L
STREET ADDRESS 513 POST OAK RD.
CITY-ST-ZIP ANNAPOLIS MD

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME MORGAN, JAMES C.
STREET ADDRESS 4100 SE OLD ST. LUCIE BLVD
CITY-ST-ZIP STUART FL 34996

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME HARTMAN, PETER
STREET ADDRESS 3140 SE ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34997

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRE *[Signature]* DATE: 4/9/99 DAYTIME PHONE # 561-546-7281

CR2E034 (1/98)