

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 20 1996 8:00 am
Secretary of State

DOCUMENT # 700942 (6)

1. Corporation Name

LAC FACILITIES, INC.



Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD
2950
MIAMI FL 33131
US

201 S BISCAYNE BLVD
2950
MIAMI FL 33131
US

3. Date Incorporated or Qualified
05/12/1960

3a. Date of Last Report
05/16/1995

2. Principal Place of Business
21 2845 Aventura Blvd.

2a. Mailing Address
26 2845 Aventura Blvd.

4. FEI Number
59-0931146

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 120

Suite, Apt. #, etc.
27 Suite 120

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Aventura, FL

City & State
28 Aventura, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 33180

Country
25 U.S.A.

Zip
29 33180

Country
30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, SHARON B.
201 S BISCAYNE BLVD
STE 2950
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2845 Aventura Blvd.

83 Suite 120

84 City Aventura

FL

85 Zip Code
33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RAPPAPORT, CONSTANCE L.
STREET ADDRESS 3622 STANFORD CIRCLE
CITY-ST-ZIP FALLS CHURCH VA

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

TITLE T ☐ DELETE
NAME WAGENER, DAVID L.
STREET ADDRESS 1917 NE 119 ROAD
CITY-ST-ZIP NORTH MIAMI FL

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

TITLE DP ☐ DELETE
NAME LAWN, HOWARD M.
STREET ADDRESS 9801 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOUR FL

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

TITLE VS ☐ DELETE
NAME STARRETT, LOYD M.
STREET ADDRESS 23 GRANITE STREET
CITY-ST-ZIP ROCKPORT MA

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

TITLE D ☐ DELETE
NAME BRISCOE, PRISCILLA N.
STREET ADDRESS 225 LINCOLN PLACE
CITY-ST-ZIP BROOKLYN NY

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)