

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthum</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700942** (6)

1. Corporation Name  
**LAC FACILITIES, INC.**

Principal Place of Business <b>2845 AVENTURA BLVD. SUITE 120 AVENTURA FL 33180 US</b>	Mailing Address <b>2845 AVENTURA BLVD. SUITE 120 AVENTURA FL 33180 US</b>
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3. Date Incorporated or Qualified  
**05/12/1960**

4. FEI Number <b>59-0931146</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>2100 E. Hallandale Bch Blvd</b> Suite, Apt. #, etc. 22 <b>Hallandale, FL</b> City & State 23 Zip <b>33009</b> Country <b>USA</b>	2a. Mailing Address 26 <b>2100 E. Hallandale Bch Blvd</b> Suite, Apt. #, etc. 27 <b>Suite # 101</b> City & State 28 <b>Hallandale, FL</b> Zip <b>33009</b> Country <b>USA</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GOLDSTEIN, SHARON B.  
2845 AVENTURA BLVD.  
SUITE 120  
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>2100 E. Hallandale Bch Blvd</b>
83	<b>Suite # 101</b>
84 City <b>Hallandale</b>	85 Zip Code <b>FL 33009</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAPPAPORT, CONSTANCE L.</b>	
STREET ADDRESS	<b>3622 STANFORD CIRCLE</b>	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGENER, DAVID L.</b>	
STREET ADDRESS	<b>1917 NE 119 ROAD</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWN, HOWARD M.</b>	
STREET ADDRESS	<b>9801 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>STARRETT, LOYD M.</b>	
STREET ADDRESS	<b>23 GRANITE STREET</b>	
CITY-ST-ZIP	<b>ROCKPORT MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRISCOE, PRISCILLA N.</b>	
STREET ADDRESS	<b>225 LINCOLN PLACE</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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 #

0033646

CR2E037 (10/97)