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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 700942

1. Corporation Name
LAC FACILITIES, INC.

452129 - 90275 - 37

Principal Place of Business 2100 E HALLANDALE BCH BLVD SUITE 120 HALLANDALE FL 33009 US	Mailing Address 2100 E HALLANDALE BCH BLVD SUITE 120 HALLANDALE FL 33009 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/12/1960	4. FEI Number 59-0931146 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GOLDSTEIN, SHARON B.
 2100 E HALLANDALE BCH BLVD
 STE 101
 HALLANDALE FL 33009

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, CONSTANCE L.	1.2 NAME	
STREET ADDRESS	3622 STANFORD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGENER, DAVID L.	2.2 NAME	
STREET ADDRESS	1917 NE 119 ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWN, HOWARD M.	3.2 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARRETT, LOYD M.	4.2 NAME	
STREET ADDRESS	23 GRANITE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISCOE, PRISCILLA N.	5.2 NAME	
STREET ADDRESS	225 LINCOLN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Signature Required 4/28/99 Date (954) 457-8787 Daytime Phone #

CR2E037 (11/98)