

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 26 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 # 844770 (8)**

1. Corporation Name  
**LAN RON BUILDERS, INC.**



Principal Place of Business: **23041 AVENIDA DE LA CARLOTA, STE.175 LAGUNA HILLS CA 92653**

Mailing Address: **23041 AVENIDA DE LA CARLOTA, STE.175 LAGUNA HILLS CA 92653-1528**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>23232 PERALTA</b> Suite, Apt. #, etc.	26 <b>23232 PERALTA</b> Suite, Apt. #, etc.	<b>12/06/1979</b>	<b>02/09/1996</b>
22 <b>#109</b> City & State	27 <b>#109</b> City & State	4. FEI Number	Applied For
23 <b>LAGUNA HILLS CA</b> Zip Country	28 <b>LAGUNA HILLS CA</b> Zip Country	<b>95-2819187</b>	Not Applicable
24 <b>92653</b>	25 <b>USA</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	29 <b>92653</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	30 <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PINE LAKES/G. SCOTT BROWN 10200 PINE LAKES BOULEVARD NORTH FORT MYERS 33903</b>		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	<b>FL</b> B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GROVER CO JR</b>	1.2 NAME	
STREET ADDRESS	<b>1121 EMERALD BAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAGUNA BCH, CA 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ROBERT D</b>	2.2 NAME	
STREET ADDRESS	<b>5727 INVERNESS CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO FT MYERS, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, G. SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>27562 ESCUNA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MISSION VIEJO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, STEPHEN A.</b>	4.2 NAME	
STREET ADDRESS	<b>30171 HILLSIDE TERRACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANJUAN CAPISTRANO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 included 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: Stephen A. Brown **STEPHEN A. BROWN** 3/19/97 (714)583-1155

CR2E034 (9/96)