FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # F9500000749 (0)

D: 1	LACHANCE GROUP, INC.					I fell I fell Book and	1 18 <i>8</i> (1 8)8(8 18) (6.5)
Principal Place of Business Mailing Address							
6000 PARK OF COMMERCE BLVD BOCA RATON FL 33487 6000 PARK OF COMMERCE BLVD BOCA RATON FL 33487			MMERCE BLVD 3487				
2. Principal Place of Busines:		2a. Mailing Address			3. Date Incorporated or Qualified 02/15/1995	3a. Date of La	est Report
21		26 26			4. FEI Number	<u> </u>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0550283		Not Applicable	
City & State		27			5. Certificate of Status Desired		.75 Additional
City & State		City & State		6. Election Campaign Financing	F	ee Required	
Zip	Country	28			Trust Fund Contribution	□ \$	5.00 May Be
24	n '	Zip	Country		8. This corporation has liability for in	A Nacional	dded to Fees
	d Address of Current	29 Registered Agent	[30]		Fiorida Statutes Yes	LINo	
		Botolog Ageill	81	Name	10. Name and Address of New Re	gistered Agent	
REGISTRATION CORPORATION OF FLORIDA INC. 22422 THOUSAND PINES LANE BOCA RATON FL 33428			83	Land Control of the C			
11. Pursuant to the provisions or registered agent, or bot familiar with, and accord to	of Sections 607,0502 ar h, in the State of Florida.	nd 607,1508, Florida Statu Such change was authori		•	tion submits this statement for the purpo of directors. I hereby accept the appoin	FL 85	Zip Code
SIGNATURE:	re obligations of, Section	607.0505, Florida Statute	s.	ilion's board	of directors. Thereby accept the appoin	tment as registe	red agent. I am
Signature, typed or pri	nted have of registered agent and	the diagnicable win	Olf B		<u>-</u>		
12.	OFFICERS AND ():RECTORS	Olt: Registered Agent sig	nature required y		DATE:	
TITLE PC		☐ DELETE	1 1 THILE		ADDITIONS/CHANGES TO OFFICE		
NAME REIFLER, LI	ONEL		1.2 NAME		·	Chang	e 🔲 Addition
CITY-ST-ZIP BOCA RATO	OF COMMERCE BLY	VD	1.3 STREET ADD	RESS			
TITLE SVC	ON FL 33487		1.4 CiTY - ST - 7ii	P			1
NAME REIFLER, SI	ICAN I	☐ DELETE	2 1 TITLE			Chang	Addition
TREET ADDRESS 6000 PARK	OF COMMERCE BLY	/n	22 NAME	ľ			- El vinorion
DITY-ST-ZIP BOCA RATO	ON FL 33487	ru	2.3 STREET ADDI	1			
ITLE		DELETE	2 4 CITY- ST- ZIF	·			ļ
AME			3. 1 Title 3.2 Name			Change	Addition
TREET ADDRESS			3.3. STREET ADD	DECC			ł
ITY-\$1-ZIP			3.4 CITY-ST-ZIP	,	•		. [
TLE		DELETE	4. 1 TITLE				· .
AME			4.2 NAME	1		Change	Addition
TREET ADDRESS			43 STREET ADDR	ESS			, }
TY-ST-ZIP TLE			4.4 CiTY - ST - ZIP				ļ
WE .		DELETE	5. 1 THLE			☐ Change	Addition
REEI AODRESS			5.2 NAME			one-type	☐ Addition
IY-SI-ZIP			5.3 STREET ADORE	ESS			
LE		T DELETE	54 CHY-ST-ZIP				1
ME		DELETE	6. 1 THILE			☐ Change	Addition
REET ADDRESS			6 2 NAME			_ •	
Y-S1-ZIP			6.3 STREET ADDRE	I .			}
I do hereby codify that the i	Convention		6.4 CITY - ST - 2IP		ne exemption stated in Section 119.07(3) and that my signature shall have the same nort as required by Chapter 607. Floring		

407-241-7800 Daytimo Phone #