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

PROFIT & CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 06 1997 8:00am

Secretary of State

561-241-3800

DOCUMENT # F9500000749 (0)

LACHANCE GROUP, INC.

STREET ADDRESS

| | | | | | | <u> 1,00,1,00,41(0,40,01,014),60,4(,64,4,64,1),</u> | 88 W 28 W 8 | | () BIBIA | |
|---|-----------------------------|---|----------------|----------------------|------------|--|-----------------------------|-------------|-----------------|------------|
| Principal Place of Business Mailing Address 6000 PARK OF COMMERCE BLVD 6000 PARK OF COMMERCE BL BOCA RATON FL 33487 BOCA RATON FL 33487-8205 | | | | | | a tablida dila dalah alish darih agili basis | #### ## ### # | | ur B18(8 | 1911 (88) |
| | | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 02/15/1995 | 3a. Dat 05/0 | | | eport |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Applied For | | | |
| 26 | | | | | | 65-0550283 | Not Applicable | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired \$8.75 Addition | | | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required | | | | |
| City & Sta | le | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | | | |
| Zip | Country Zip | | Cou | intry | • | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | | | | | | | Yes No | | | |
| | | of Current Registered Agent | | 81 | Name - | 10. Name and Address of New Reg | istered A | gent | | |
| REGISTRATION CORPORATION OF FLORIDA INC. | | | | | Name | | | | | |
| 22422 THOUSAND PINES LANE | | | | | Street Add | ress (P.O. Box Number is Not Acceptable) | | | | |
| BO | CA RATON FL 33428 | | | 83 | | | | | | |
| | | | | 83 | } | | | | | |
| | | | | 84 | City | | FL | 85 | Zip (| Code |
| office or agent. I SIGNATURE | am familiar with, and accep | of the obligations of, Section 607,0505 | , Florida Stat | ules | S. | poration submits this statement for the pution's board of directors. I hereby accept | the appo | ointme | nt as | registered |
| 12. | OFF | ICERS AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRE | CTOR | S IN 12 |
| TITLE | PC DELETE | | 1.1 71 | TL E | | | | Ch | ange | Addition |
| NAME | REIFLER, LIONEL | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | | | 1.3 STREET ADD | | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33 | | 1.4 pi | TY-S | ST-ZIP | | | | | |
| TOTLE | SVC | DELETE | 2.1 11 | 1LE | | | | ☐ Ch | ange | Addition |
| NAME | REIFLER, SUSAN L | | 2.2 N | AME | | | | | | |
| STREET ADDRESS | | | 2351 | 'AEF1 | ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33 | | | | S1-ZIP | | | | | |
| TITLE | DELETÉ | | | TL.F | | | | ☐ Ch | ange | Addition |
| NAME | | | 3.2 N | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4 CI1Y - S1 - ZIP | | | | | | |
| TITLE | DELÉTE | | | 4.1 TITLE | | | | ☐ Ch | ange | Addition |
| NAME | | | 4. 2 N | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 31 - ZIP | | | <u>п</u> . | | T Address |
| TITLE | | DELETE | 5.1 1 | | | | | Ch | ange | Addition |
| NAME | | | 5.2 N/ | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | 1 | | | | | | | | | |
| TITLE | <u> </u> | DITELE | 6.1 1 | | ST-ZIP | | | □ ch | | T Addition |

14. To 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATION