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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF,TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90067 029 ***150.00

DOCUMENT # 1. Corporation Name F9500000749

LACHANCE GROUP, INC.

														i, 6/8/8 (9/1/1/6/2)
Principal Place	e of Business		Mailing Addre	ss				110	#11 43 111 8 11		III BB III BB III	I 34 111 88 1		1 8181 8 181) (88)
6000 PARK OF COMMERCE BLVD BOCA RATON FL 33487 6000 PARK OF COMMERCE BOCA RATON FL 33487					BLVD			ı	DO NOT V	WRITE IN	THI 3 S	PACE		
							3.	Date Inc	orporate	d or Quali	fed			
								02/15/	1995					
2. Principal P	lace of Business		2a. Mailing Ad	Idress			4.	FEI Nur					Α	pplied For
21			26					65-05!	50283					ot Applicable
Suite, Apt.	#, etc.		Suite, Apt.	. #, etc.				Certifca	e of Stat	us Desire	d 🗆			Ad titional
22			27				5.	Certifica					Fee R	equired
City & State	9		City & Sta	te			6.			gn Financi	ing 🖂			May Be
23			28						ind Conti					to Fees
Zip	Count	У	Zip	-	Country	′	8.		•	owes the	current ye	_	_	F16)
24	25		29		30				l Propert	<u> </u>			Yes	[]No
	9. Name and Addre	ss of Current 3	egistered Ager	<u> 1t </u>	81	Nome	10,	Name a	nd Addi	ess of Ne	w Kegisi	tereti Aç	jent	
DE A	ICTRATION CORROR	ATION OF EL	ADIDA IMC		0	Name	Koi	VII	JUBI	2 c	JA	ME	2	
REGISTRATION CORPORATION OF FLORIDA INC.							ddress (P	P.Q. Box !	Number i	is Not Acc	eptable)			
22422 THOUSAND PINES LANE							000	MRK	OF	Com	MER	CC:	BLVI	د
BOCA RATON FL 33428					83		54772	= A						_
					84	City							85 Zip	Ccde
							CCA_		TON			FI_	3	3487
11. Pursuant	to the provisions of Se segistered agent, or bot a	tions 607.0502 a	ind 607.1508, FI	orida Statute	es, the abov	e-named c	o poration	n submits pard of d	this stat	ement for Thereby a	the purpo ccept the	ose († ch appointr	ianging it nent as r	s registerea egistered
agent. I a	m familiar with, and ac	ept the obligation	ns of, Section 60	7.0505, FACE	ida Statute:		, , , , , ,							
SIGNATURE	JAMES 1	KOUTE	UROS	مب	ma	Lo	wit De	oul!	2		41	26/	99	
	Signature, typed or printed name			MOTE	Registered Age	il signature rec	pured when r		-		DA	1E .		000 11 40
12.		FFICERS AND		DELETE	13.			ADDITIC	NS/CHAI	NGES 10	OFFICE		Change	ORS IN 12
TITLE	PC			DELETE	1.1 TITLE	1						'		
NAME	REIFLER, LIONEL		_		1.2 NAME									
STREET ADDRESS	6000 PARK OF CO		נ		1	TADDRESS								
CITY-ST-ZIP	BOCA RATON FL 3	3487		DELETE	1.4 CITY-5	ST-ZIP							Change	Addition
TTLE	SVC		_] DELETE	2.1 TITLE	-							change	C Addition
NAME	REIFLER, SUSAN L				2 2 NAME	1								
STREET ADDRESS	6000 PARK OF CO)		2.3 STREE	TADORESS								
CITY-ST-ZIP	BOCA RATON FL 3	<u> 13487 </u>		DEL 575	2.4 CITY-	ST- ZIP							Change	Addition
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STREET ADDRESS					3 3 STREE	TADDRESS								
CITY-ST-ZIP				7.051	3.4. CITY-	ST-ZIP							Change	Addition
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STREET ADDRE 3S					4.3 STREE	TADDRESS								
CITY-ST-ZIP					4 4 CITY-	ST-ZIP							Channe	Addition
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TITLE				DELETE	6.1 TITLE								Change	☐ Addition
NAME					6.2 NAME									
STREET ADDRESS					6.3 STREE	TADDRESS								

14. 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 attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)