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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F9500006309

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90067 032 ***150.00

| LACHAN | CE COMPANIES, INC. | | | | | |
|---|--|-------------------------------------|-----------------------------------|--|--------------------------------|------------|
| Principal Place | e of Business | Mailing Address | | | 141 00)10 01100 14171 0 | |
| 6000 PARK OF COMMERCE BLVD. 6000 PARK OF COMMERCE BOCA RATON FL 33487 BOCA RATON FL 33487 | | | BLVD. | DO NOT WRITE IN TH | IS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 12/28/1995 | | |
| 2. Principa Place of Business 2a. Mailing Address | | | 4. FEI Number | App | lied For | |
| 21 26 | | | 65-0017262 | Not | Applicable | |
| | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A | |
| 22 | | 27 | | 5. Certifolie of Dialas Desired | Fee Red | uired |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | - 1 |
| 23 | | 28 | | Trust Fund Contribution | Added to | Fees |
| Zip | Courtry | Zip | Country | 8. This corporation owes the current year | | I∃No |
| 24 | 25 | 11 | | Person al Property Tax. | | סאורו |
| | 9. Name and Address of Curre | ent Registered Agent | 81 Name // | 10. Name and Address of New Registere | u Agent | |
| DEC | ISTRATION CORPORATION OF | ELORIDA INC | I'll Name K | outsoubos James | | |
| REGISTRATION CORPORATION OF FLORIDA, INC. 22422 THOUSAND PINES LANE | | | 82 Street Acutr | ress (P.O. Bo) Number is Not Acceptable) | revce. | Burd |
| BOCA RATON FL 33428 | | | 83 | 000 Park of Comn | TRYCL . | 2110 |
| 0.00 | A IMION I E SOTEO | | *3 | Sute A | | |
| | | | 84 City - | 2 2 1 - 5 | 85 Zip C | 7900 |
| | | 1002 1500 51 11 811 | 1 2 | 30 ca Katon F | of changing its | ogistered |
| office or re | egistered agent, or both, in the State | e cf Florida. Such change was⊶₩t | norized by the corporation | poration submits this statement for the purpose on's board of directors. I hereby accept the app | ointment as reg | stered |
| agent. a | m familiar with, and accept the oblig | ations of, Section 607.0505. Florid | la Statutes. | | clas | |
| SIGNATURE | | soubos (45 | mes Couts | 7/ d | <u>6/99</u> | |
| | Signature, typed or printed na ne of registered ag | NI) DIRECTORS | tegistered Ment signature require | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| TITLE | P | ☐ DELETE | 1,1 TITLE | 7,00111,710,7011111020110 | Change | Addition |
| NAME | LACHANCE, SUSAN | _ | 1.2 NAME | | | |
| STREET ADDRESS | 6000 PARK OF COMMERCE | RI VI | 1.3 STREET ADDRESS | | | |
| | BOCA RATON FL 33487 | DE 10 | 1.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | S | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | REIFLER, LIONEL | | 2.2 NAME | | | |
| STREET ADDRESS | 6000 PARK OF COMMERCE | RI VD | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DOOL DATON EL COACE | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | BOOK PATON 1 L 33407 | ☐ DELETE | 3.1 TITLE | | Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- ST- ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition |
| NAME | | | 52 NAME | | | |
| | | | CO CEDEST ADODESC | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | | |

CITY-ST-ZIP 14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Susan Lachance

DELETE

Daytime Phone #

☐ Change

Addition