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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 | | | Secretary of State DIVISION OF CORPORATIONS | | | |
|--|-----------------------------|---|--|---------------------------------------|---|--|
| DOCL 1. Corporati | JMENT # (| G14086 | (4) | | | |
| GEO | RGE J. LACOSTA | , INC. | | | | |
| Principal Play | co of Business | A A a 1 | | | | |
| Principal Place of Business 3099 MEDINAH CIRCLE EAST | | | Mailing Address 3099 MEDINAH CIRCLE EAST | | , | ann aram aram 21901 21911 21911 21911 1921 |
| | RTH FL 33467-1332 | | KE WORTH FL 33467-133 | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal I | Place of Business | 2a. | Mailing Address | · · · · · · · · · · · · · · · · · · · | 12/20/1982 4. FEE Number | 03/01/1995 |
| 21 | | | 6 | | 59-2254087 | Applied For Not Applicable |
| Suite. Apt | l. #, etc. | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & Sta | ite | ···· | ity & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be |
| 23 Zip | | 28 | | | Trust Fund Contribution | Added to Fees |
| 24 | Coun 25 | try Z | 30 J | Country | 8. This corporation has liability for in Florida Statutes Yes | |
| | 9. Name and Add | ress of Current Register | ed Agent | | 10. Name and Address of New Re | |
| CDDIAN | CED DICHADO W. F | .00 | | 81 Name | | |
| SPRINGER, RICHARD W., ESQ. 3003 SOUTH CONGRESS AVE., #1-A | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable |) |
| | SPRINGS FL 33461 | , # 171 | | 83 | | |
| | | | | 84 Gity | | OF Zo Code |
| 11. Pursuant | to the provisions of Sec | tione 607 0502 and 607 a | 500 Florida Chat A - Al | | | FL 85 Zip Code |
| or registe familiar w | ered agent, or both, in th | e State of Florida. Such cl gations of, Section 607.05 | 300: Florida Statilles, the lange was authorized by 15. Florida Statutes | the corporation's boa | ration submits this statement for the purp rd of directors. Thereby accept the appoi | ose of changing its registered office introduced introduced in the control of the |
| SIGNATURE | | general critical and the control of | 55, Florida dialdies. | | | |
| 12. | | e of registered agent and town app OFFICERS AND DIRECTO | | ntered Ayout septature require | | DATE |
| TITLE | VID | OTTIOE TO AND DIRECTO | DELETE | 1. 3 TULE | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 Change |
| NAME | LACOSTA, KATH | | | 1.2 NAME | | C o mig. (C redition |
| STREET ADDRESS | | | | 1.3 STHEET ADDRESS | | |
| CITY-S1-ZIP THEF | LAKE WORTH FI | | DELETE | 1.4 C/TY - ST - Z P | | |
| NAME | LACOSTA, GEOF | RGE J SR | | 2 2 NAME | | Change Addition |
| STREET ADDRESS | 3099 MEDINAH (| CIR EAST | | 2.3 STREET ADDRESS | | |
| Cily-SI-ZiP | LAKE WORTH FL | - | | 2.4 CITY- ST. ZIP | | |
| TITLE | | | DELETE | 3 1 TITLE | | Change Addition |
| STEEL ADDRESS | | | | 3.2 NAME 3.3 STHEET ADDRESS | | |
| CHT*-S1-ZIP | .] | | | 3 4 CiTY - ST - ZIP | | |
| TITLE | | | FT) D'A FAC | 4 1 7111.8 | | Change Addition |
| NAME | | | | 4.2 NAME | | |
| STREET ADDRESS CITY - ST - ZIP | | | | 4.3 STREET ADDRESS | | |
| TIFLE | | | D 001 170 | 4.4 CITY - ST - ZIP 5.3 TITLE | | Change Addition |
| NAME | | | _ | 5 2 NAME | | Change Addition |
| STHEE! ADDRESS | | | | 5 3 STREET ADDRESS | | |
| CHY-S1-ZW | , | | C 000 070 | 5 4 C(1) Y - \$1 - Z(F) | ······································ | |
| NAME | | | | 6 1 TIFLE | | Change Addition |
| STREET ADDRESS | | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| CITY-ST ZIF | | | | RAICITY-S1- ZIP | | |
| 14. I do hereb | by certify that the informa | ition supplied with this filin | is voluntarily furnished: | and does not availed to | or the exemption stated in Continue 110.00 | |

• I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER O

.

4/8/96 407-91,4-8864