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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G52638

(5)

FILED Apr 02 1997 8:00am Secretary of State

1. Corporation Name WILLIAM M. LAPSLEY & COMPANY, P. Principal Place of Business ** WILLIAM M. LAPSLEY 3727 PONCE DE LEON BLVD CORAL GABLES FL 33134		Mailing Address  William M. Lapsley 3727 PONCE DE LEON I CORAL GABLES FL 3315	BLVD		
				3. Date Incorporated or Qualified 07/27/1983	3a. Date of Last Report 05/01/1996
2. Principal 9	Place of Business	2a, Mailing Address		4. FEI Number 59-2512863	<del> }</del>
Suite, Apt	l #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zipi	Country	<b>28</b>	Country	<del></del>	
4	25 g. Name and Address of Curre	29	30	Florida Statutes	☐ Yes 🖳 No
LA	PSLEY, WILLIAM M.	ent neglisteren wildin	81 Name	10' Harry and vocases of them in	eAlareten våenr
372	27 PONCE DE LEON BLVD DRAL GABLES FL 33134		ABLES FL 33134-7319  3. Date Incorporated or Quelified O5/01/1996  3. Date Incorporated or Quelified O5/01/1996  3. Date Incorporated or Quelified O5/01/1996  4. FEI Number Applied For Not Applicable  Apt. #, etc.  5. Certificate of Status Desired S8.75 Additional Fee Required  State  6. Election Campaign Financing S5.00 May Be Added to Fees  Country R. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  Agent 10. Name and Address of New Registered Agent		
			84 City		85 Zip Code
<ol> <li>Pursuani office or agent. I</li> </ol>	it to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida Such change was igations of, Section 607.0505, I	utes, the above-named co s authorized by the corpor Elorida Statutos	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its register opt the appointment as register
SIGNATURE	Storatize typed or phaled name of registered a				DATE
	Stgreat inclusived or printed name of registrined as OF FICERS At	open and trie if applicable (NO	OTE Registered Agent signature req		DATE CERS AND DIRECTORS IN 12
SIGNATURE  12.  THE  NAME  STREET ADDRESS	OFFICERS AT  PD  LAPSLEY, WILLIAM M. 3727 PONCE DE LEON BLVD	opert and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	guired when reinstating)	DATE
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  DITY: SI- ZIF	Signature lysed or profed name of registered at OFFICERS AT PD LAPSLEY, WILLIAM M.	opert and title if applicable (NO ND DIRECTORS DELETE	TE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME	guired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. IIILE NAME	OFFICERS AT  PD LAPSLEY, WILLIAM M. 3727 PONCE DE LEON BLVC CORAL GABLES FL	open and trie if applicable (NO ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	guired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add
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SIGNATURE  12.  THE  VAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  VAME  STREET ADDRESS  CITY- ST- ZIP	OFFICERS AT  PD LAPSLEY, WILLIAM M. 3727 PONCE DE LEON BLVC CORAL GABLES FL	open and trie if applicable (NO ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	guired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add
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14. I do 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 attychment with an address.

SIGNATURE: William M. Jamy WILLIAM M. LAPSLEY 3/27/97