FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

Ę	DOCUMENT # H15959 (0)																			
"	LANSON & ASSOCIATES INTL. CO.																			
Pr	incipal Place	of Business		······································		Mailin	g Address					······································			01 01118 F010f (
5012 HESPERIDES STREET						5012 HESPERIDES STREET														
Т	AMPA FL 33	614				TAM	PA FL 33614													
														Incorporate 10/1984	porated or Qualified 3a, Date of Last Report 1984 05/01/1995					
2. 21	Principal Pla	Place of Business				2a. Mailing Address							4. FEI Number			Applied For				
[4]	Suite, Apt.	φt. #, etc.				Suite, Apt. #, etc.							59-2438899				Not Applicable \$8.75 Additional			
22						27							5, Certif	icate of Sta	itus Desired)		_	Additional equired
23	City & State				100	City & State									gn Financing	, c	1			May Be
	Zip	Country			28	28				Country			Trust Fund Contribution LJ Added to I 8. This corporation has liability for intangible tax under s 199.							
24	25				29	29 30							Florida Statutes Yes No						189.032,	
Name and Address of Current Registered Agent											1		10. Nam	e and Add	ress of Nev	v Regi	stered	Agent		
Lanson, Cornellis J. 2961 La Concha dr Clearwater Fl. 34622										81		Name								
									82		Street Addre	ess (P.O. Box Number is Not Acceptable)				***************************************				
										83	-	·								
										84	-	City						las l	7:0	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 										l	•					FL	85	•		
11	or register	o the provisi ed agent, or	ons of a	Sections 607.05 In the State of Fig.	02 and 6 orida. Suc	07.18 ch ch	308, Florida Stat. anga was author	utes izeo	the i	above-r he corp	nar ora	med corpora ation's board	ition submits d of directors	s this staten s. I horeby a	nent for the paccept the a	purpose ppointn	e of cha nent as	inging i registe	its re-	gistered office agent. I am
	Taitiina' Wil SNATURE	n, and acce	pt the c	poligations of, Se	etion (d.	7.050	5, Flonda Statute	θ\$.												
		Signature, typed	or printed	name of registered ag				NOTE	: Beg st	lered Ager	ıtsi	gnature required	when reinstating			,	DATE			****
12 III		P		OFFICERS A	ND DIRE	CTO				13.			ADDIT	IONS/CHA	NGES TO O	FFICEF				
NAN		LANSON, CORNELIS J.			☐ DELETE			ı	. 1 TITLE .2 NAME							L	Chang	ge	Addition	
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CITY	/-S1-71P					1			1.4 CHY-ST-ZIP											
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	CITY-ST-ZIP CLEARWAY								2.3 STREET ADDRESS 2.4 City-St-Zip			·								
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CITY-ST-7IP					64 00					4 CHY-S	b	le l				5	-)	-9	6	00
14.	I do hereby certify that	certify that	the Info	rmation supplied	d with this	s filing ort ov	g is volun a rily fun supple tiental ani	nish nual	ned ar	nd do	n e	ot qualify for	the exemple	ion stated i	n Section 11	9.07(3)	(k) Flor	ida Sta	itutes	, I further
	oath; that I	am an office Block 12 or	er or dir	ector of the opri	poration o	or the	supple fierital and receiver or truste	68 6	nipo	vered t	0 6	execute this	report as re	quired by C	hapter 607,	Florida	Statute	is; and	that	my name

SIGNATURE:

WAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)