FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J14736** **(9)**

1. Corporation Name
LANCORE REALTY INC.

Principal Place of Business
% M. CHRISTIANSEN.
2750 N. FERERAL HWY.
FT. LAUDERDALE FL 33306

Mailing Address
% M. CHRISTIANSEN.
2750 N. FERERAL HWY.
FT. LAUDERDALE FL 33306

2. Principal Place of Business
21 LANCORE REALTY, INC
Suite, Apt. #, etc.
22 399 W. PALMETTO PARK RD
City & State
23 BOCA RATON FL SUITE 102
Zip 24 33432-3760 Country 25 USA

2a. Mailing Address
26 399 W. PALMETTO PARK RD
Suite, Apt. #, etc.
27 SUITE 102
City & State
28 BOCA RATON, FL
Zip 29 33432-3760 Country 30 USA

3. Date Incorporated or Qualified: 05/13/1986
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2677712 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
CHRISTIANSEN, MICHAEL
2750 N. FEDERAL HWY.
FT. LAUDERDALE FL 33306

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MCDONALD, MERV	
STREET ADDRESS	399 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	MCDONALD, MARILYN	
STREET ADDRESS	399 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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: Merv McDonald 4/26/96 (407)367-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)