

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J43233

(2)

1. Corporation Name

A.C.L.F. OF LANTANA, INC.



Principal Place of Business 4905 LANTANA ROAD LAKE WORTH FL 33463 US	Mailing Address 1645 PALM BEACH LAKES BLVD SUITE 400 WEST PALM BEACH FL 33401-2216
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1986	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	2290 10 <sup>th</sup> Ave North	4. FEI Number 59-2749977	Applied For Not Applicable
22	City & State	27	# 602	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Lake Worth, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	33461	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25		30	Palm Beach	10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R.  
1645 PALM BEACH LAKES BLVD.  
SUITE 290  
WEST PALM BEACH FL 33401

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 fee if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, WILLIAM	1.2 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	1.3 STREET ADDRESS	2290 10 <sup>th</sup> Ave. North # 602
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	Lake Worth, FL. 33461
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, FRANCIS R	2.2 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	2.3 STREET ADDRESS	2290 10 <sup>th</sup> Ave. North # 602
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	Lake Worth, FL. 33461
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

William B. Hamilton

4/30/97

501/588.3660

CR2E034 (9/96)