

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 # **K41666** (4)

1. Corporation Name  
**LAX CORP.**



Principal Place of Business  
**2295 CORPORATE BLVD. N.W., SUITE 222  
BOCA RATON FL 33431**

Mailing Address  
**2295 CORPORATE BLVD. N.W., SUITE 222  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified  
**10/26/1988**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0080230**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**HERRICK, NORTON  
2295 CORPORATE BLVD. N.W., SUITE 222  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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's signature required when re-appointing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	PDS/IT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, NORTON	1.2 NAME	
STREET ADDRESS	2295 CORP. BV. N.W. #222	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VDAS <input type="checkbox"/> DELETE	2.1 TITLE	VPIAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, HOWARD	2.2 NAME	
STREET ADDRESS	2295 CORP BLVD, NW SUITE 222	2.3 STREET ADDRESS	20 Community Pl
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Marietta NJ 07960
TITLE	VDAS <input type="checkbox"/> DELETE	3.1 TITLE	VPIAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, MICHAEL	3.2 NAME	
STREET ADDRESS	2295 COR BLVD NW SUITE 222	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VDT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HERRICK EVON	4.2 NAME	
STREET ADDRESS	2295 CORP BLVD NW 222	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harold Herrick*

VP 3/24/96 2015391390

DAY

Daytime Phone #

CR2E034 (12/95)