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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

111

1. Corporation Name  LUCERNE INVESTMENT CO., INC.  Principal Place of Business  Mailing Address									
Principal Place of Business  C/O LOUISE BAUR COTE  910 NORTH PALMWAY  LAKE WORTH FL 33460		C/O LOUISE BAUR COTE 910 NORTH PALMWAY LAKE WORTH FL 33460			ļ				
						3. Date Incorporated or Qualified 04/04/1989	04/03/1995		
Principal Place of Business Suite, Apt. #, etc.		28. Mailing Address 26 Suite, Apt. #, etc.				T ( E ) ( E )			Applied For Not Applicable
						5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<u> </u>		City & State				6. Election Campaign Financing			O May Be
City & State		28				Trust Fund Contribution  8. This corporation has liability for	intensible:		d to Fees
Zıp	Country 25	Zip 29	Gour 30	itry		Florida Statutes	s 🔲 No		183.002,
	9. Name and Address of Curre					10. Name and Address of New I	Registered	i Agent	
				81 Name					
COTE,LO	UISE BAUR		ļī		Addre	ss (P.O. Box Number is Not Acceptable)			
	TH PALM WAY			83					
LAKE WO	ORTH FL 33460		}	<b>84</b> City			F	85 2	ip Code
		The state of the s	tas the sho	o named (	ornora	tion submits this statement for the pi of directors. I hereby accept the ap-		banaina ite	registered office
or registere	o the provisions of Sections 607.050 od agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was author	zea by the c	orporation	5 QUAIL	Of Chectors: Thereby accept the epi		~	_
familiar with		CHOIT GOT GOOG, Florida Status				where reinstation)			
familiar with	Signature typed or printed name of registered age	int and little if applicable				when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
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Too mereby certify that the information supplied with this nining is voluntarily formshed and does not quarry for the exemption stated in Section 118.07(3)(8), Florida Statutes. Torrida 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:

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