


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90071 006 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K96473

1. Corporation Name
LANGESSE, INC.

Principal Place of Business 2136 N.E. 57TH STREET FORT LAUDERDALE FL 33308-2528	Mailing Address 2136 N.E. 57TH STREET FORT LAUDERDALE FL 33308-2528
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 NW 47 St	2a. Mailing Address 26 1000 NW 47 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ft LAUDERDALE	28 City & State Ft LAUDERDALE
24 Zip FL33309	29 Zip FL 33309

3. Date Incorporated or Qualified 06/19/1989	4. FEI Number 65-0130825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REGNIER, MARIE-CHRISTIN
 2136 N.E. 57TH STREET
 FORT LAUDERDALE FL 33308-2528

10. Name and Address of New Registered Agent

81 Name **MARIE-CHRISTINE REGNIER**

82 Street Address (P.O. Box Number is Not Acceptable)
1000 NW 47 St

83

84 City **Ft LAUDERDALE** FL 85 Zip Code **33309**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD REGNIER MARIE-CHRISTINE <input type="checkbox"/> Addition
NAME	REGNIER, MARIE-CHRISTIN	1.2 NAME	
STREET ADDRESS	2136 N.E. 57TH STREET	1.3 STREET ADDRESS	1000 NW 47 St
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-2528	1.4 CITY-ST-ZIP	Ft LAUDERDALE, FL 33309
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D OSSUDE JEAN F <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSUDE, JEAN F	2.2 NAME	
STREET ADDRESS	2136 N.E. 57TH STREET	2.3 STREET ADDRESS	1000 NW 47 St
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-2528	2.4 CITY-ST-ZIP	Ft LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED REGNIER MARIE-CHRISTINE PD 954 772 2437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)