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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **L44128** **(1)**

1. Corporation Name
**D. M. LACHOW, INC.**

Principal Place of Business
%DAVID M LACHOW
8480 SHADOW COURT
CORAL SPRINGS FL 33071

Mailing Address
%DAVID M LACHOW
8480 SHADOW COURT
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1990

2. Principal Place of Business
21 6705 N.W. 77th St.
Suite, Apt. #, etc.
22
City & State
23 TAMARAC, FLORIDA
Zip 24 33321 Country 25 BROWARD

2a. Mailing Address
26 6705 N.W. 77th Street
Suite, Apt. #, etc.
27
City & State
28 TAMARAC, FLORIDA
Zip 29 33321 Country 30 BROWARD

4. FEI Number
65-0165856
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
LACHOW, DAVID M
8480 SHADOW COURT
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6705 N.W. 77th Street
83
84 City TAMARAC FL 85 Zip Code 33321

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 David M. Lachow, Pres. 04-07-98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | LACHOW, DAVID M | | 1.2 NAME | LACHOW, DAVID M. | |
| STREET ADDRESS | 8480 SHADOW COURT | | 1.3 STREET ADDRESS | 6705 N.W. 77th St. | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP | TAMARAC, FL. 33321 | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | STD | ☑ Change ☐ Addition |
| NAME | LACHOW, DONNA M | | 2.2 NAME | LACHOW, DONNA M. | |
| STREET ADDRESS | 8480 SHADOW COURT | | 2.3 STREET ADDRESS | 6705 N.W. 77th Street | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2.4 CITY-ST-ZIP | TAMARAC, FL. 33321 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

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.

SIGNATURE: David M. Lachow David M. LACHOW 04-07-98 (954) 726-4425