

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 # **L67531** (8)

1. Corporation Name
L & R PLAN, INC.



Principal Place of Business
**304 SE 5TH AVE.
DELRAY BEACH FL 33483-5209**

Mailing Address
**304 SE 5TH AVE.
DELRAY BEACH FL 33483-5209**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **4821 So. Lake Dr**
Suite, Apt. #, etc.

27 City & State

28 **BOYNTON BEACH, FL**

29 Zip Country

30 **33436**

9. Name and Address of Current Registered Agent

**SHAFFER, ROGER L.
2500 N. MILITARY TRAIL
STE 270
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
04/20/1990

3a. Date of Last Report
04/14/1995

4. FEI Number
65-0196876

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 the date

(NOTE: Registered Agent's signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD THOMPSON, R. S.**
STREET ADDRESS **304 SE 5TH AVENUE**
CITY-STATE-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **R. S. THOMPSON**
1.3 STREET ADDRESS **4821 So. Lake Dr**
1.4 CITY-STATE-ZIP **BOYNTON BEACH, FL 33436**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407 732 4213
Date (Type Phone #)

CR2E034 (12/95)