

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L93673**

(6)

1. Corporation Name

FENTON AND LANG OF STUART, INC.



Principal Place of Business

**400 FLAMINGO AVENUE
STUART FL 34996**

Mailing Address

**400 FLAMINGO AVENUE
STUART FL 34996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**BEALL, KENNETH S., JR.
777 SOUTH FLAGLER DR.
SUITE 500
WEST PALM BEACH FL 33401**

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 607.1502, 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 607.011, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	NAME	LANG, J. GRAEME, JR.	STREET ADDRESS	2 SOUTH BEACH RD.	CITY-STATE-ZIP	HOBE SOUND FL	☐ DELETE
TITLE	VP	NAME	JOHN BLADES,	STREET ADDRESS	402 SEABREZE AVE.	CITY-STATE-ZIP	PALM BEACH FL 33480	☐ DELETE
TITLE	ST	NAME	JAMES MORGAN,	STREET ADDRESS	400 FLAMINGO ROAD	CITY-STATE-ZIP	STUART FL 34996	☐ DELETE
TITLE	AT	NAME	PETER HARTMAN,	STREET ADDRESS	400 FLAMINGO ROAD	CITY-STATE-ZIP	STUART FL 34996	☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition

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:

JAMES C. MORGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

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CR2E034 (12/95)