

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 # **L96865** (5)

1. Corporation Name  
**LANE 4 AWARDS, INC.**



Principal Place of Business  
**10217 NW 24TH PL.  
C/O PLOTKIN APT. 202  
SUNRISE FL 33322**

Mailing Address  
**POST OFFICE BOX 451591  
SUNRISE FL 33345**

3. Date Incorporated or Qualified <b>08/21/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0218078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**PLOTKIN, LAWRENCE  
10217 N.W. 24TH PLACE  
APT 202  
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY- ST- ZIP	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY- ST- ZIP	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY- ST- ZIP	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY- ST- ZIP	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY- ST- ZIP	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY- ST- ZIP	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

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 recorder 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

4/12/96

Date

Telephone Phone #

CR2E034 (12/95)