SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M25282

(8)

JEFF LANG AGENCY, INC.

_	FILE	D
Jul 29	1997	8:00am
Secre	tary	of State



Principal Plac 507 S.E. 11TH FT. LAUDERD	COURT		507	Mailing Address 507 S.E. 11TH COURT FT. LAUDERDALE FL 33316 US			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 3a. Date of Last Report				
2. Principal P	lace of Bu	siness	2a. N	failing Address				01/02/1986 4. FEI Number	<u>U4</u> ,	/18/1996_	oplied For
21			26	g /				65-0021247			ot Applicable
Suite, Apt	#, etc.		S	uite, Apt. #, etc.		_		Certificate of Status Desired		\$8.75	Additional
22			27					b. Certificate of Status Desired		Fee Re	equired
City & Stat	Θ		— — ·	ity & State				6. Election Campaign Financing		\$5.00	
Zip		Country	28	ip	Count	rv		Trust Fund Contribution	int along access	Added t	
24		26	29	'P	30	' у		8. This corporation owes or has pa Personal Property Tax due June			angibie No
	9, Nan	ne and Address of Co		red Agent	1001			10. Name and Address of New Re			=1.::
LAN	IG, JEFF				8	1	Name				
		'H COURT			8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
FT	LAUÞERD	ALE FL 33316									
					8	3					
	:				8	4	City			85 Zip (Code
44.5				4500 5		1			<u>FL</u>	- 1 1	
agent. La	ım f am iliar	with, and accept the o	obligations of, 5	Section 607.0505, I	Florida Statut	es.		oration submits this statement for the points board of directors. I hereby accepted when reinstating). ADDITIONS/CHANGES TO OFFICE	DATE	·····	
TITLE	DP	OFFICER	AND DIRECT	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	LANG,	JEFF		<u></u>	1.2 NAMI						
STREET ADDRESS		E. 11TH COURT					ADDRESS				
CITY-ST-ZIP	Ft. LA	uderdale fl			1.4 CITY	-\$1	- ZIP				
TITLE				DELETE	2.1 TITLE					Change	Addition
NAME					2.2 NAMI	E					
STREET ADDRESS					2.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP				Driver	2 4 City		T-ZIP				4.400-
TITLE				☐ DELETE	31 TITLE					☐ Change	Addition
NAME Street address					3.2 NAM		ADDRESS				
CITY-ST-ZIP	!				3.3 STRE 3.4, CITY						
TITLE	-			DELETE	4.1 TITLE		1-61(Change	Addition
NAME	!				4. 2 NAM						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP					4.4 CITY						
TITLE				DELETE	5.1 TITLE				··· ···	Change	Addition
NAME					5.2 NAM	Ξ					
STREET ADDRESS					5.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP					5.4 CITY						
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAMI	Ξ	ĺ				
STREET ADDRESS					6.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP					64 CHTY		- 1				

14. I do 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 receipt 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 algorithm with an address.