

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

REGISTRATION
ANNEX A, REVISION
1995



APPROVED
AND
FILED

93 MAY -1 PM 12:11

DOCUMENT # **N48850 (4)**

CADILLAC LASALLE CLUB, SOUTH FLORIDA REGION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

315 SOUTHEAST 7TH STREET SUITE 200 FT. LAUDERDALE FL 33301		C/O PAUL N. LASHBROOK 315 SE 7TH STREET STE 200 FORT LAUDERDALE FL 33301-3158 US		3. Date of Incorporation or Organization 05/12/1992	3a. Date of Last Report 05/01/1994
2. Date of Filing	2b. Mailing Address	4. Filing Number 65-0331550	Applied For Not Applicable		
21. State of Filing	26. Mailing Address	5. Certificate of Status Issued	<input type="checkbox"/> \$8.75 Additional Fee Required		
22. City, County	27. Mailing Address	6. Each Director/Officer/Shareholder/Member/Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23. State of Filing	28. City, County	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required		
24. State of Filing	25. City, County	29. State of Filing	8. The corporation has applied for exemption tax under 5-190(3), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. State of Filing	25. City, County	30. State of Filing			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LASHBROOK, PAUL N. 315 SOUTHEAST 7TH STREET SUITE 200 FT. LAUDERDALE FL 33301		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. City	FL	85. Zip Code

11. I, the undersigned, the principal officer of the Florida Tax and Registration Authority, Florida Statutes, the undersigned, hereby certifies the statement for the purpose of changing its registered office as indicated above is true and correct, and that the 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 a tax agent under Florida Statutes.

12. OFFICER/SHAREHOLDER	13. ADDRESS	Change	Add
DP DAUER, DR. EDWARD A. 5000 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
DS LASHBROOK, PAUL N. 315 SOUTHEAST 7TH STREET, STE. 200 FORT LAUDERDALE FL	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
DT WALLACE, ALLAN 1401 SOUTH OCEAN DRIVE FORT LAUDERDALE FL	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>
	1. NAME 2. STREET ADDRESS 3. CITY	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that it complies with the requirements of the Florida Statutes. I further certify that the information indicated on this statement is true and correct, and that it complies with the requirements of the Florida Statutes. I am familiar with and accept the obligations of a tax agent under Florida Statutes, and that my name appears on the list of officers, directors, and shareholders of the corporation as indicated on this statement.

SIGNATURE: *Paul N. Lashbrook* Sec
DATE: 9/29/95 305 527-1200