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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000000065 1. Corporation Name LAC PARENT GROUP, INC.	



Principal Place of Business 2714 W. KIRBY ST. TAMPA FL 33614	Mailing Address 2714 W. KIRBY ST. TAMPA FL 33614
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/05/1998 4. FEI Number 59-3552162 5. Certificate of Status Desired ☐ 6. Election Campaign Financing ☐ Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent RODRIGUEZ, YVONNE R 8003 LAGO VISTA DRIVE TAMPA FL 33614	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, YVONNE 8003 LAGO VISTA DR. TAMPA FL 33614 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P.D. SHARON COX 5604 PINE BAY DRIVE TAMPA, FL 33625 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. FRASSA, GLORIA 8001 LAGO VISTA DR. TAMPA FL 33614 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOBAR, JEAN 2928 WALLCRAFT AVE. TAMPA FL 33611 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNETT, ROSE 15934 NOTTINGHILL DR. LUTZ FL 33549 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, CHRISTINE 8317 WEST FOREST CIRCLE TAMPA FL 33615 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Kern 4-6-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CHRISTINE KERN, TREASURER Christine Kern 4-6-99

CR2E037 (1/98)