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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 10 1996 8:00 am

Secretary of State

DOCUMENT # P08487 (1)

1. Corporation Name

LAGRANGE PLAZA, INC.



Principal Place of Business

Mailing Address

%CONCORD ASSETS FINANCE CORPORATION  
12TH AND ORANGE ST., ONE COMMERCE CENTER  
WILMINGTON DE

%CONCORD ASSETS FINANCE CORPORATION  
12TH AND ORANGE ST., ONE COMMERCE CENTER  
WILMINGTON DE

3. Date Incorporated or Qualified

12/19/1985

3a. Date of Last Report

07/28/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date of signature

Signature, typed or printed name of registered agent and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MANDOR, LEONARD  
STREET ADDRESS 5200 TOWNCENTER CRLE.  
CITY-STATE-ZIP BOCA RATON FL

TITLE VTD  
NAME MANDOR, ROBERT  
STREET ADDRESS 5200 TOWNCENTER CRLE.  
CITY-STATE-ZIP BOCA RATON FL

TITLE S  
NAME LE VINE, JOAN  
STREET ADDRESS 5200 TOWN CENTER CRLE.  
CITY-STATE-ZIP BOCA RATON FL

TITLE V  
NAME SHORE, HARVEY  
STREET ADDRESS 5200 TOWN CENTER CIRCLE  
CITY-STATE-ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mandor

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

4/3/96

(407)394-9533

CR2E034 (12/95)