

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.)

APPROVED
AND
FILED

97 NOV 26 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P08487

(1)

1. Corporation Name

LAGRANGE PLAZA, INC.

REINSTATEMENT

(97)



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

400002360754--8

12/02/97-01051-003

***750.00 ***750.00

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 title (if applicable)

Karen B. Rozar, As Its Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

11-26-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

TITLE VTD ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, upon an attachment with an address.

SIGNATURE

SIGNATURE

10/7/97 (541) 391-9533

CR2E034 (4/97)