

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08720 (5)

1. Corporation Name

LAC MANAGEMENT, INC.



Principal Place of Business

201 S. BISCAYNE BLVD.
2950
MIAMI FL 33131
US

Mailing Address

201 S. BISCAYNE BLVD.
2950
MIAMI FL 33131
US

2. Principal Place of Business

21 2845 Aventura Blvd.

2a. Mailing Address

26 2845 Aventura Blvd.

3. Date Incorporated or Qualified
01/08/1986

3a. Date of Last Report
05/16/1995

4. FEI Number
59-2614481

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

22 Suite 120

Suite, Apt. #, etc.

27 Suite 120

City & State

23 Aventura, FL

City & State

28 Aventura, FL

Zip

24 33180

Country

25 U.S.A.

Zip

29 33180

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GOLDSTEIN, SHARON B
201 S. BISCAYNE BLVD.
SUITE 2950
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2845 Aventura Blvd., Suite 120

83 Aventura

84 City

FL

85 Zip Code

33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME LAWN, HOWARD M.
STREET ADDRESS 9801 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOUR FL ☐ DELETE

TITLE VS
NAME STARRETT, LOYD M.
STREET ADDRESS 23 GRANITE ST.
CITY-ST-ZIP ROCKPORT MA ☐ DELETE

TITLE T
NAME WAGENER, DAVID L.
STREET ADDRESS 1917 NE 119 ROAD
CITY-ST-ZIP NORTH MIAMI FL ☒ DELETE

TITLE P
NAME NEUMANN, JEFFREY D.
STREET ADDRESS 20120 NE 10 PL
CITY-ST-ZIP N. MIAMI BCH. FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, T, D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

Howard M. Lawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard M. Lawn

5/3/96

Date

305-933-0600

Daytime Phone #

CR2E034 (12/95)