FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P30963

(3)

LANCER COMPLIANCE SERVICES, INC.

Country

Mailing	Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Principal Place of Business 370 WEST PARK AVENUE LONG BEACH NY 11561-3292

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

Zìo

370 WEST PARK AVENUE LONG BEACH NY 11561-3292

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 08/29/1990

11-2977835

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zip	Country	8. This corporation	owes or has paid the cui	rrent year Int	angible	
24	25	29	30		,		No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CT	CORPORATION SYSTEM		81 Name					
120	00 PINE ISLAND ROAD		82 Street A	Address (P.O. Box Number i	is Not Acceptable)			
PLA	ANTATION FL 33324		52 64,061,7	radioss (i io. sex iralisco)	a Not Acceptable)			
			83					
			84 City					
			O4 City		FL	85 Zip (Jode	
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		TE: Registered Agent signature i		DATE		Se a c	
12.	OFFICERS AND		13.	ADDITIONS/CHAN	IGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	DELANEY JR., DAVID P.		1.2 NAMÉ				ļ	
STREET ADORESS	30 OXFORD ROAD		1.3 STREET ADDRESS					
CITY - ST - ZIP	ROCKVILLE CENTRE NY 11570		1.4 CITY - ST - ZIP					
TITLE	VPD	DELETE	2.1 TITLE			☐ Change		
NAME	CRESCENZO, ROBERT		2.2 NAME					
STREET ADDRESS	40 LEHIGH ROAD		2.3 STREET ADDRESS					
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570		2 4 CITY-ST-ZIP					
TITLE	T	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	LIND, ALISTAIR T.		3,2 NAMÉ				1	
STREET ADDRESS	363 MILL RIVER ROAD		3.3 STREET ADDRESS				ł	
CITY-ST-ZIP	MUTTONTOWN NY 11771		3.4. CITY - ST - ZIP					
TITLE	\$	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	RIFAI, ALI E. T.		4. 2 NAME				ļ	
STREET ADDRESS	2 WHITEHALL ROAD		4.3 STREET ADDRESS				İ	
CITY - ST - ZIP	ROCKVILLE CENTER NY 11566		4.4 CITY-ST-ZIP				_	
TITLE	AS	☐ DELETE	5.1 TITLE	,		Change	Addition	
NAME	DONOHUE, PAUL S		5.2 NAME					
STREET ADDRESS	35-15 8-TH STREET		5.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSON HEIGHTS NY 11372		5.4 CITY - ST - ZIP					
TITLE	D	DELETE	6.1 TITLE			Спалде	Addition	
NAME	DELANEY, TIMOTHY D		6.2 NAME					
STREET ADDRESS	170 BAYSIDE DR		6.3 STREET ADDRESS				İ	
CITY-ST-ZIP	ATLANTIC BEAH NY 11509		6.4 CITY - ST - ZIP					
14. I hereby co	ertify that the information supplied with	this filing does not qualify for	or the exemption stated	d in Section 119.07(3)(i), Flo	rida Statutes. I further ce	rtify that the	information	

Country

of the corporation of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.

511-421-4441