Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90099 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P30963

1. Corporation Name

LANCER COMPLIANCE SERVICES, INC.

			<u>-</u>							
Principal Place of Business Mailing Address										
370 WEST PARK AVENUE LONG BEACH NY 11561-3292		370 WEST PARK AVENUE LONG BEACH NY 11561-3292			DO NOT WRITE IN THIS SPACE					
				_	3. Date Incorporated or Qualifed 08/29/1990					
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For					
21		26			11-2977835 Not Applicab					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & Stat	te	City & State			~6: Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution ☐ Added to Fees					
Zip	Country 25	Zip Country			8. This corporation owes the current year intangible Personal Property Tax.					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
CT	CORPORATION SYSTEM	r registered Agent	1	Name Lan						
1200 PINE ISLAND ROAD				32 Street 119	ress (P.O. Box Number is Not Acceptable)) Biscayne Blvd., Suite 506					
PLANTATION FL 33324				B3						
				34 City Mia						
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was auth	iorized i	ov the com	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered					
SIGNATURE	alu:	Call		_	Gail W. Reilly, SVP 1/7/99					
12.	Signature, typed or proted name of registered age	ID DIRECTORS	13.	gent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	PD OFFICERS AF	DELETE	1.1 TITL		Change Addit					
TITLE	DELANEY ID DAVID D		1.2 NAM							

OLONIATURE	6.011 Kale	G	ail W.	Reilly,	SVP	1/	7/99
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature requi	uired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITI	ONS/CHANGES	TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PD DELETE	1.1 TITLE				Change	☐ Addition
NAME	DELANEY JR., DAVID P.	1.2 NAME					
STREET ADDRESS	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	☐ Addition
NAME	CRESCENZO, ROBERT	2.2 NAME					ļ
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 NAME				· · ·	
STREET ADDRESS	363 MILL RIVER ROAD	3.3 STREET ADDRESS			,		
CITY-ST-ZIP	MUTTONTOWN NY 11771	3.4. CITY-ST-ZIP					····
TITLE	S DELETE	4.1 TITLE			•	☐ Change	☐ Addition
NAME	RIFAI, ALI E.	4. 2 NAME					
STREET ADDRESS	2 WHITEHALL ROAD	4.3 STREET ADDRESS					
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					j
CITY-ST-ZIP	JACKSON HEIGHTS NY 11372	5.4 CITY-ST-ZIP					
TITLE	D DELETE	6.1 TITLE				Change	☐ Addition
NAME	DELANEY, TIMOTHY D	6.2 NAME					ļ
STREET ADDRESS	170 BAYSIDE DR	6.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	ATLANTIC BEAH NY 11509	6.4 CITY-ST-ZIP				- AIE - 41 - 4 45 - 1-	

REROBERT A. CRESCENZO PED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR SIGNATURE:

^{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 607, 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.