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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P92000010054 (4)

1. Corporation Name
LAFAYETTE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
595 BAY ISLES RD STE #120 LONGBOAT KEY FL 34228 US	595 BAY ISLES RD STE #120 LONGBOAT KEY FL 34228-3102 US

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 02/20/1996
4. FEI Number: 65-0374819 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

EBIN, JOHN P
595 BAY ISLES RD
STE #120
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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] JOHN P. EBIN 1-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	EBIN, JOHN P.		1.2 NAME	
STREET ADDRESS	595 BAY ISLES RD, STE #120		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	34228
TITLE	TD	☐ DELETE	2.1 TITLE	VTD ☐ Change ☒ Addition
NAME	EBIN, EILEEN M		2.2 NAME	
STREET ADDRESS	595 BAY ISLES RD, STE #120		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	34228
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	POEHLER, JOSEPH G		3.2 NAME	
STREET ADDRESS	BOX 124		3.3 STREET ADDRESS	
CITY-ST-ZIP	WATERVILLE M		3.4 CITY-ST-ZIP	MN. 56096
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: [signature] JOHN P. EBIN 1-17-97 941.383-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0422851