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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016244 (4)

LAGRANGE GLOBAL TECHNOLOGIES CORPORATION

Principal Plac	be of Business	Mailing Add	fress				E LONGHOUN 150 COLON EFFIT ONLY NOTICE NOTICE CLINIC STUTIE STUTIE STUTIE GENERAL MANDE SONT		
4073 MERCANTILE AVE. NAPLES FL 33942		4073 MERCANTILE AVE. NAPLES FL 34104-3343							
						3. Date Incorporated or Qualified 03/03/1993	3a. Date of Le		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	Applied For	
21	26	26			65-0412362 Not Applicat				
Sulte, Apt.		Suite, A	41			Certificate of Status Desired Section Section			
City & Stat	le 	City & S 28	tate			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip		Countr	У	8. This corporation has liability for in		ler s. 199.032,	
24	25	29		30			Yes 🗌 No		
	9. Name and Address of Curr	rent Registered Ag	ent			10. Name and Address of New Reg	istered Agent		
	ILEY, N R			81	Name				
1044 CASTELLO DR.				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	. 106								
NAP	NAPLES FL 33940-								
				84	City		lor l	7 o Codo	
					the above-named corporation submits this statement for the purpose of changing its registers.				
agent. I a	am familiar with, and accept the ob	_				ition's board of directors. I hereby acceptions when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D		DELETE	1,1 TITLE			Cha	nge 🔲 Addition	
NAME	FISCHER, ADDISON M			1.2 NAME					
STREET ADDRESS	4073 MERCANTILE AVE.			1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942			1.4 0(1)	S1-ZIP				
TITLE	D		DELETE	2.1 TATLE			Cha	nge 🔲 Addition	
NAME	ASHLEY, NR			2.2 NAME					
STREET ADDRESS	1044 CASTELLO DR., #108			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL			2. 4 CHY-	S1-ZIP				
TITLE			DELETE	3.1 T(1LF			☐ Cha	nge 🔲 Addilio	
NAME				3.2 NAME					
STREET ADDRESS				3.3 \$1RFE	T ADDRESS				
CITY-ST-ZIP				34 CITY-	S1-ZIP				
TITLE		ι	_] DELETE	4.1 TITLE			Cha	nge 🔲 Addilion	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	1 ADDRESS				
CITY-ST-ZIP		· • · · · · · · · · · · · · · · · · · ·		4.4 CHY-	S1-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		L	_] DELETE	5.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME				5.2 NAME					
STREET ADDRESS				53,51800	TADDDECC				

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 optional attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

1/21/97 011 21 1720

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State