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**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000017857 (2)

## LAWRENCE VANCE MANAGEMENT & ADVISORY SERVICES CO

	ION				3845 924 WES WES SON 1835 164
Principal Plac	e of Business	Mailing Address		I EBBNADA LIVA IBRNAV ATILIV BOKAN BOKAN OBANK	<u>Dajër skalt forda (Dret Brikk lodt 180</u>
2100 W STATE	RD 434	2100 W STATE RD 434			
#D LONGWOOD FI	1 90770	#D LONGWOOD FL 32779-503	a		
LONGHOOD I	r Asiro		•	3. Date Incorporated or Qualified	3a. Date of Last Report
9 District D	Near of Elizabara	L 20 Mailing Address		<b>04/01/1993 4.</b> FEI Number	05/01/1996
	flace of Business	26. Mailing Address		i	Applied F Not Applie
Suite, Apt.	#. etc	Suite, Apt #, etc.		59-3167318	60 7E
22	., ., .	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May B
23		26		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25		30		Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ICE, LAWRENCE		I Name		
	B GREEN CRICKET CT		82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
APO	PKA FL 32712		83		
			[00]		
			84 City		FL 85 Zip Code
11 Ouroupot	to the provisions of Continue 607 OF	(02 and 607 1609 Florida Ctatud	os the shows named on	rporation submits this statement for the p	
office or a	registered agent, or both, in the Stat	te of Florida Such change was a	authorized by the corpor	ation's board of directors. I hereby accep	t the appointment as registe
account 1 :			vida Statutes		
agent. 12	arn familiar with, and accept the obli	gailors or, section 607,0500, Fig	A COLLICIOS.		
SIGNATURE				uired when reinstand)	DATE
	Signature Typed or printed name of registered a		E Rogistered Agent signature req	guted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
SIGNATURE	Signature Typed or printed name of registered a	igent and trie if applicable (NOT)	E Registered Agent signature req		
SIGNATURE	Signature: typicd or proved name of registered a OFFICERS A	gent and title if applicable INOTI	E Registered Agent signature req		ERS AND DIRECTORS IN 12
SIGNATURE  12.  THUE	Signature: typed or printed hame of registered a OFFICERS A  P VANCE, LAWRENCE	gent and title if applicable INOTI	E Registered Agent signature req		ERS AND DIRECTORS IN 12
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SIGNATURE  12.  THE NAME SUBSET ADDRESS CHY-S1-ZIF	Signature: typical or printed name of registered a OFFICERS A P VANCE, LAWRENCE 1616 GREEN CRICKET CT APOPKA FL 32712 PV VANCE, DEBORAH	gent and tide if applicable (NOTI ND DIRECTORS DELETE	E Registered Agent signature req 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change A
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SIGNATURE  12.  THE NAME SIREET ADDRESS CHY-ST-ZIP HILE NAME SIREET ADDRESS CHY-ST-ZIP	Signature: typical or printed name of registered a OFFICERS A P VANCE, LAWRENCE 1616 GREEN CRICKET CT APOPKA FL 32712 PV VANCE, DEBORAH	gent and bife if applicable (NOTI ND DIRECTORS DELETE DELETE	E Rogistered Agent signature req  13.  1.1 TiflE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2.1 TiflE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-ZiP		ERS AND DIRECTORS IN 12 Change A
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May 12 1997 8:00am

Secretary of State

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