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95 MAY -1 PM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P93000054519 (2)**

1. Corporation Name

**THE LATAPIE GROUP, INC.**

Principal Place of Business

7915 VILLA NOVA DR.  
BOCA RATON FL 33433  
US

Mailing Address

7915 VILLA NOVA DR.  
BOCA RATON FL 33433  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1993** 3a. Date of Last Report **07/29/1994**

4. FEI Number **22-3244876** 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

21 **21**

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

23 City & State

23

28 City & State

28

24 Zip

**Palm Beach**

29 Zip

**Palm Beach**

30 County

9. Name and Address of Current Registered Agent

LATAPIE, JOANN H  
7915 VILLA NOVA DR  
BOCA RATON FL 33433

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 (typed or printed name of registered agent and fee if applicable)

Signature (typed or printed name of registered agent and fee if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>LATAPIE, JOANNA H</b>
STREET ADDRESS	<b>7915 VILLA NOVA DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VP</b>
NAME	<b>LATAPIE, CARLOS E</b>
STREET ADDRESS	<b>7915 VILLA NOVA DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Joann H. Latapie</b>	
13 STREET ADDRESS	<b>7915 Villa Nova Dr.</b>	
14 CITY - ST - ZIP	<b>Boca Raton, Fl. 33433</b>	
21 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LATAPIE, CARLOS</b>	
23 STREET ADDRESS	<b>7915 Villa Nova Dr.</b>	
24 CITY - ST - ZIP	<b>Boca Raton, Fl. 33433</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 not in attachment with an address.

SIGNATURE: **Joann H. Latapie** **Joann H. Latapie** 4/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
407-394-3024