FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P93000060973 (3)

LANDS	CAPE RX, INC.				
Principal Place o	of Business	Mailing Address		t smarrade sta raska irisi holil doll	1 86111 98140 81111 68416 18111 1889 1111 1884
560 S.W. 1241 FT. LAUDERD		\$ 560 S.W. 124TH TERRAC FT. LAUDERDALE FL 333	E 125		
Changed	to address below:	of Changed to a	ddress beleu	3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 01/24/1995
2. Principal Plac		2a. Mailing Address		4. FEI Number	Applied For
리 >>> 6	7 SW 82 Way	26 2329 SW	82. Way	65-0435355	Not Applicable
22 North	h Lauderdale		derdele	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State 23 Flocia	ł.,	City & State 28 Florida		6. Election Campaign Financing	□ \$5.00 May Be
<u>Zip</u> 7 1, 01 ,1,9	Country	Zip Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
4 3306	8 25 VS PA		30 USA		I liangible tax bilder's 199.032, ☐ No
	9. Name and Address of Curre	nt Registered/Agent		10. Name and Address of New F	=
		.11 11	81 Name		
	JS, THERESA H 🥒 🎷 くくん	:11.5, Theress H.	82 Street A	Address (P.O. Box Number is Not Acceptate	No.
	. 124TH TERRACE ≥ 3	29 (12 8) Way	55 56667	induiting in the state of the s	,
FT. LAUC	DERDALE FL 33325	29 SW 82 Way Ah Laud. FL 3301	83		***************************************
	700	TO WHOM. RE 5300	84 City		85 Zip Code
			'		FL
11. Pursuant to or registered to seller with	the provisions of Sections 607.0503 diagent, or both, in the State of Flori	2 and 607.1508, Florida Statutes, ida. Such change was authorized	the above-named col by the corporation's t	rporation submits this statement for the purposard of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
SIGNATURE	Theresa H. McL	ulles heress	H. M. (, :// Registered Agent signature re	\`S	1-26-96
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 7 7 7		67 0.
NAME	MCCRILLIS, THERESA H		1.2 NAME	Mc (rillis, Theresa H.	
STREET ADDRESS	560 S.W. 124TH TERRACE		1.3 STREET ADDRESS	2329 SW 82 Way	
CITY-ST ZIF	FT. LAUDERDALE FL 33325		1.4 CITY-ST-ZIP	North Lauderdale	FL 33068
TITLE		☐ DELETE	2 1 THTLE		Change Addition
NAMI			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CHY-ST ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME.			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
COTY ST-ZOF		Floreste	3.4 CITY - ST - ZIP		
TITLE		☐ DELE1E	4. 1 TITLE		Change Addition
NAME Supple Appropriate			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		Cotten	5 2 NAME		Crange Nation
STREET ADDRESS			5.3 STREET ADDRESS		
011y - S1 - 7/P			5 4 CHTY-ST-ZIP		
1111		DELETE	6.1 THLE		☐ Change ☐ Addition
NAME		_	6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
C 1Y+\$1+ZiP			64 CITY-ST-ZIP		
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily furnish	ed and does not qual	ify for the exemption stated in Section 119	07(3)(k), Florida Statutes. I further
certify that t oath; that I	the information indicated on this ann ani an officer or director of the corps	oration or the receiver or trustee e	i report is true and acc empowered to execute	curate and that my signature shall have the e this report as required by Chapter 607, Fi	same legal effect as if made under orida Statutes; and that my name

SIGNATURE: Theusa H. A Chille SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/-) 6 - 96 \$54 - 724 - 5540
Date Dayline Proces