

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000088613 (3)**

1. Corporation Name  
**VAN HAASTEREN & LUSK, P.A.**



Principal Place of Business: **243 W PARK AVE WINTER PARK FL 32789 US**  
Mailing Address: **243 W PARK AVE WINTER PARK FL 32789 US**

3. Date Incorporated or Qualified: **12/29/1993**  
3a. Date of Last Report: **08/15/1995**  
4. FEI Number: **59-3215301**  
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: **21 200 WEST WELBORNE AVE.**  
22. Suite, Apt. #, etc.: \_\_\_\_\_  
23. City & State: **WINTER PARK, FL**  
24. Zip: **32789**  
25. Country: \_\_\_\_\_  
26. Mailing Address: **26 200 WEST WELBORNE AVE.**  
27. Suite, Apt. #, etc.: \_\_\_\_\_  
28. City & State: **WINTER PARK, FL**  
29. Zip: **32789**  
30. Country: \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of Signer (agent, officer or director) (Print Name of Registered Agent in Block 10)

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>VAN HAASTEREN, MARK W</b> |                                 |
| STREET ADDRESS | <b>243 W PARK AVE</b>        |                                 |
| CITY-ST-ZIP    | <b>WINTER PK FL</b>          |                                 |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FAYE, LUSK N</b>          |                                 |
| STREET ADDRESS | <b>243 W PARK AVE</b>        |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK FL</b>        |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |  |
|--------------------|---------------------------------|--|
| 1.1 TITLE          | <b>P/S/D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                 |  |
| 1.3 STREET ADDRESS | <b>200 WEST WELBORNE AVENUE</b> |  |
| 1.4 CITY-ST-ZIP    | <b>WINTER PARK, FL 32789</b>    |  |
| 2.1 TITLE          | <b>VP/T/D</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>NANCY F. LUSK</b>            |  |
| 2.3 STREET ADDRESS | <b>200 WEST WELBORNE AVENUE</b> |  |
| 2.4 CITY-ST-ZIP    | <b>WINTER PARK, FL 32789</b>    |  |
| 3.1 TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                 |  |
| 3.3 STREET ADDRESS |                                 |  |
| 3.4 CITY-ST-ZIP    |                                 |  |
| 4.1 TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                 |  |
| 4.3 STREET ADDRESS |                                 |  |
| 4.4 CITY-ST-ZIP    |                                 |  |
| 5.1 TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                 |  |
| 5.3 STREET ADDRESS |                                 |  |
| 5.4 CITY-ST-ZIP    |                                 |  |
| 6.1 TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                 |  |
| 6.3 STREET ADDRESS |                                 |  |
| 6.4 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 119.07(3)(k), 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: *Nancy F. Lusk* **NANCY F. LUSK** **July 31, 1996** **(407) 647-3711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

SIGNATURE: *MARCEA FORKS* **MARCEA FORKS** **7/30/96** **407 647-3985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)