

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007479 (6)

1. Corporation Name

LAINÉ MANAGEMENT SERVICES, INC.



Principal Place of Business

10915 BONITA BEACH ROAD
SUITE 1131
BONITA SPRINGS FL 33923

Mailing Address

10915 BONITA BEACH ROAD
SUITE 1131
BONITA SPRINGS FL 33923

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
07/11/1995

4. FEI Number
65-0464375

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

9. Name and Address of Current Registered Agent

LAINÉ, L.N.
10915 BONITA BEACH ROAD
SUITE 1131
BONITA SPRINGS FL 33923

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 below of registered agent (if different from application) (If not, Registered Agent's signature required on change of agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	LAINÉ, L.N.	DELETED
STREET ADDRESS			10915 BONITA BCH RD #1131	
CITY-ST-ZIP			BONITA SPRINGS FL 33923	
TITLE	ST	NAME	LAINÉ, C.M.	DELETED
STREET ADDRESS			10915 BONITA BCH RD #1131	
CITY-ST-ZIP			BONITA SPRINGS FL 33923	
TITLE	VP	NAME	GOVANUS, DAVID	DELETED
STREET ADDRESS			8236 NEW JERSEY BLVD	
CITY-ST-ZIP			FT MYERS FL 33912	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13.

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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:

C.M. LAINÉ

C.M. LAINÉ

4/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)