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Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000032157 (7)**

1. Corporation Name  
**LANG & COMPANY, INC.**

Principal Place of Business <b>13339 NW 10TH ST. SUNRISE FL 33024</b>	Mailing Address <b>13339 NW 10TH ST. SUNRISE FL 33323-2805</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>05/14/1996</b>
21 Suite, Apt. #, etc.		26 <b>21256 Edgewater Dr.</b>		4. FEI Number <b>65-0486672</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 <b>N/A</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip		28 <b>Port Charlotte</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		29 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>RAMSEY-LANG, DARLENE A</b> <b>21256 EDGEWATER DR.</b> <b>PORT CHARLOTTE FL 33982</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P/C</b>
NAME	<b>LANG, BRET A.</b>	1.2 NAME	<b>Lang, Bret A.</b>
STREET ADDRESS	<b>21256 EDGEWATER DR</b>	1.3 STREET ADDRESS	<b>21256 Edgewater Dr.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	<b>Port Charlotte, FL 33952</b>
TITLE	<b>C</b>	2.1 TITLE	<b>V/M</b>
NAME	<b>FORTUNE, JAMES</b>	2.2 NAME	<b>Fortune, James</b>
STREET ADDRESS	<b>13339 NW 10TH ST</b>	2.3 STREET ADDRESS	<b>13339 NW 10TH ST.</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	<b>SUNRISE, FL 33024</b>
TITLE	<b>ST</b>	3.1 TITLE	
NAME	<b>RAMSEY LANG, DARLENE A</b>	3.2 NAME	
STREET ADDRESS	<b>21256 EDGEWATER DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Darlene A. Ramsey Lang **Darlene A. Ramsey Lang**  
 4-23-97 941-629-9356  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)