## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000046378 (3)

LANCRIS INC.

## **FILED** Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
400 NW 28 COURT 400 NW 28 COURT FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-2410									
						3. Date incorporated or Qualified 06/17/1994		ate of Last R 25/1996	leport
2. Principal F	lace of Business	28. Mailing Address 26			4. FEI Number 65-0499862	Applied For Not Applicable			
Suite, Apt #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	0	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Ζφ	Country	Zip	Cou	ntry		8. This corporation has liability for			199 032,
24	25	29	30		·	1	Yes		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent	
	idini, christine a			81	Name				
400 NW 28 COURT FT LAUDERDALE FL 33311				62	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
rii	LAUDENDALE LE 00011		1	63					, , , , , , , , , , , , , , , , , , ,
				84	City		FL	<b>8</b> ∜i Zip	Code
44 Duen ont	to the previous of Seatons 607 0503	and 607 1509. Elerida Statut	too the el	L	namod oor	poration submits this statement for the tion's board of directors. I hereby acce		•	to registered
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND		E Registered	d Agent	signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS ANI	D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1,1 10	1.1 TITLE				☐ Change	☐ Addition
NAME	LANDINI, CHRISTINE A		1.2 NA	AME	1				
STREET ADURESS	400 NW 28 COURT		1.3 ST	REET AL	DDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311		1.4 CF	TY-ST-	ZIP				
TOLF		DELETE	2.1 T(1	TLE				☐ Change	Addition
NAME			2.2 NA	ME		***			
STREET ADDRESS			2.3 \$1	IREET A	DORESS	<b>36</b> .	1,342		
City-\$1-7/P				ITY-ST	- ZIP			11.5	1 2 7 100
† TLE		DELETE	3110					Change	Addition
NAME			3.2 N						
STREET ADDRESS			1		DDRESS		i		
CITY-S1-ZIP		DELETE		HY-ST	-ZIP			Change	Addition
TIFLE		Dereit	4.1 7)			•		CHI CHANGE	Addiedii
NAME			4. 2 N		000000	•			
STHEFT ADDRESS					DDRESS				
TITLE		☐ DELETE	5.1 Ti	TY-51-	LIF			Change	Addition
NAME			5.2 N/				1		
STREET ADDRESS					DDRESS				
CITY SI ZIP				TY-\$7-	i				
TITLE		☐ DELETE	6.1 Tr		<u></u>			☐ Change	Addition
NAME		<del>,</del>	6.2 N/						
STREET ADDRESS					DORESS				
CHTY - ST - ZIF				TY-\$1-					

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 of 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

SIGNATURE

0270088