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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400046378 1. Corporation Name

LANCRIS INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90110 004 \*\*\*150.00



	•								
Principal Place of Business Mailing Address							114 BIBIS BUISD A	1137 10061 1011 1007	
400 NW 28 COURT 400 NW 28 COURT									
FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311						DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualifed			
l						06/17/1994			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number -	- 4	Applied For	
21		26		_		65-0499862		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		5 Additional Required	
City & State City & State						6. Election Campaign Financing	\$5.0	00 May Be	
28						Trust Fund Contribution		ed to Fees	
Zip Country Zip			Cou	Country		8. This corporation owes the current year	Intangible		
24	25 29 30					Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent		
				81	Name				
LANI	DINI, CHRISTINE A			82	Street Add-	ess (P.O. Box Number is Not Acceptable)			
400 NW 28 COURT				62	Street Addre	ess (F.O. Box Number is Not Acceptable)			
FT. L	AUDERDALE FL 33311			83					
				84	City		85 Z	ip Code	
								ito registered	
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									
L GIONATORE	Signature, typed or printed name of registered a	gent and title if applicable. (NC		Agen	t signature required				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 T	ΠE			Chang	ge 🗌 Addition	
NAME	LANDINI, CHRISTINE A		1.2 N	AME					
STREET ADDRESS	400 NW 28 COURT		1.3 \$	TREET	ADDRESS			1	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		1.4 C	TY-S1	r-ZIP				
TITLE		☐ DELETE	2.1 TI	TLE			☐ Chan	ge 🔲 Addition	
NAME	2.2 N		AME						
STREET ADDRESS	~		2.3 \$	TREET	ADDRESS		. — .		
CITY-ST-ZIP			2.40	ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE	1		Chang	ge 🔲 Addition	
NAME			3.2 N	AME	İ				
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 T	TLE		<u> </u>	Chang	ge	
NAME			4. 2 N	AME					
STREET ADDRESS			4.35	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST	r-zip				
TITLE		☐ DELETE	5.1 T	TLE			Chang	ge Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS			J	
CITY-ST-ZIP			5.4 C	ITY-ST	r-zip		_		
TITLE		☐ DELETE	6.1 TI	TLE			Chang	ge Addition	
NAME			6.2 N	AME	Ì		•	Ì	
STREET ADDRESS			6.3 S	TREET	ADDRESS	1			
SINEEI ADDRESS				TV 67	7 710				

14. I 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, with all other like empowered.

Daytime Phone #