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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000062797 (3)

DOCUMENT # P9400062797 (3) LAW OFFICES OF KEN LANGE, INC.						<u> </u>	
Principal Place	e of Business	Mailing Address		**] [0] [0]		
1111 KANE	CONCOURSE	1111 KANE CONCOL	IRSE				
SUITE 506 SUITE 506							
BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS)S FL 33154		3. Date incorporated or Qualified 3a. Date of Last Report 08/25/1994 04/28/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FELNumber		Applied For
26				65-0391797	Not Applicable		
Suite, Apt. #, etc. Suite, A		Suite, Apt #, etc.	spt #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State		Oity & State	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Zp	Country	Zip	Count	lry	This corporation has liability for		ed to Fees 199.032.
4 25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes 🔲 Yes	No.	
	y, Name and Address of Cu	rrent Hegistered Agent		1 Name	10. Name and Address of New R	legistered Agent	
LANGE, KEN							
1111 KANE CONCOURSE SUITE 506 BAY HARBOR ISLANDS FL 33154			8	Street Add	ress (P.O. Box Number is Not Acceptab	ic)	
			8	3			-
			8	4 City			
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized t familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 				1 "		F-1.	ip Code
2.	Signature, typed or printed name of registered. OFFICE AS	AND DIRECTORS DELETE	Oli: Registerac A;	krif Squature require	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	DRS IN 12
A.M.E	LANGE, KEN		1.2 NAMI			change	
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR