## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90001 023 \*\*\*158.75

**DOCUMENT #** 

LASSO & MAJOR ASSOCIATES, P.A.

| Principal Place of Business        | Mailing Address                    |  |
|------------------------------------|------------------------------------|--|
| 130 N. PARK AVE<br>APOPKA FL 32703 | 130 N. PARK AVE<br>APOPKA FL 32703 |  |
|                                    |                                    |  |
| 2 Principal Place of Business      | 2a Mailing Address                 |  |

| - | 6025 | 5ð - 90ð01 <b>- 2</b> 3 | 3 " | - |
|---|------|-------------------------|-----|---|
|   |      |                         |     |   |

| 130 N. PARK AV<br>APOPKA FL 327                                     |  | 130 N. PARI<br>APOPKA FL |                 |                                  |                |  | DO NOT WRITE IN  3. Date incorporated or Qualified               | N THIS SPACE     |                  |
|---|--|--------------------------|-----------------|----------------------------------|----------------|--|--|------------------|------------------|
|   |  |                          |                 |                                  |                |  | 06/02/1995   |                  |                  |
| 2. Principal P  | lace of Business   | 2a. Mailing              | Address         | ****                             |                |  | 4. FEI Number  | <del></del>      | Applied For      |
| <u> </u>  | Fox Valley_Drive_  | <u> </u>                 |                 | 11ev                             | Driv           | ا م  | 59-3318063   | Not Applicable   |                  |
| 21 900 Fox Valley Drive 26 900 Fox Valley Drive Suite, Apt. #, etc. |  | •                        |                 | \$8.7                            | 5 Additional   |  |  |                  |                  |
| 22 Suit   | c // - 000   |                          |                 | 5. Certificate of Status Desired | X Fee          | Required   |  |                  |                  |
| City & State City & State   |  |                          |                 | 6. Election Campaign Financing   | _ <b>\$</b> 5. | <b>00</b> May Be   |  |                  |                  |
| Long  | wood, FL   | I. FI. 28 Longwood, FL   |                 |                                  |                | Trust Fund Contribution Added to Fees  |  |                  |                  |
| Zip   | Country Zip Country 8. This corporation owes the current year                          |                          |                 | m,                               |                |  |  |                  |                  |
| 24 <u>3277</u>  |  | 29 327                   |                 | 30 Se                            | mino           | le   | Intangible Personal Property.  10. Name and Address of New Regis | Yes Yes          | No               |
| <del></del>   | 9. Name and Address of Current   | Registered A             | gent            | 8                                | 1 Name         |  | 10. Name and Address of New Regis                                | stered Agent     |                  |
| LASS  | SO, JERRY  |                          |                 | Ľ                                | Τ.             | 300  | o. Jerry   |                  |                  |
| }   | N PARK AVE   |                          |                 | 8                                | 2 Street       | treet Address (P.O. Box Number is Not Acceptable) 900 Fox Valley Drive - Suite 206 |  |                  |                  |
|   | PKA FL 32703   |                          |                 | 8                                |                | U F  | ox valley bilve -  | Surve            | 200              |
|   |  |                          |                 |                                  |                |  |  |                  |                  |
|   |  |                          |                 | 8                                | , ,            | ~~~  | 200  |                  | Zip Code<br>2779 |
| 11. Pursuant  | to the provisions of sections 607 0502   | and 607.1508.            | Florida Statute | s, the abov                      | hemen-e        | ngw comoral  | ion submits this statement for the purpos                        | se of changing i | s registered     |
| office or   | registered agent, or both, in the State o<br>am familiar with, and accept the obligati | f Florida, Suct          | i change was a  | authorized b                     | v the con      | poration   | 's board of directors. I hereby accept the                       | appointment a    | s registered     |
|   | 11400  | 3 E R P 7                | LASSO           | 1916 BUN                         | SIAF~          | -T   |  | 7131199          | {                |
| SIGNATURE   | Signature typed or printed name of registered agent a                                  |                          | <u> </u>        | TE: Registered                   | Agent signat   | ture require   | d when reinstating)  | DATE             |                  |
| 12.   | OFFICERS AND   | DIRECTORS                |                 | 13.                              |                |  | ADDITIONS/CHANGES TO OFFICE                                      | RS AND DIRE      | CTORS IN 12      |
| TITLE   | P  |                          | DELETE          | 1.1 TITLE                        |                |  |  | Char             | ige 🔲 Addition   |
| NAME  | LASSO, JERRY   |                          |                 | 1.2 NAME                         | :              |  |  |                  | ì                |
| STREET ADDRESS  | 1260 FOX FORREST CIRCLE  |                          |                 | 1.3 STRE                         | ET ADDRESS     |  |  |                  | J                |
| CITY-ST-ZIP   | APOPKA FL 32712  |                          |                 | 1.4 CITY-                        | ST-ZIP         | <u> </u>   |  |                  |                  |
| TITLE   | VP   |                          | DELETE          | 2.1 TITLE                        |                |  | ,  | Char             | ige L_ Addition  |
| NAME  | MAJOR, MARY K  |                          |                 | 2.2 NAME                         |                |  |  |                  |                  |
| STREET ADDRESS  | 507 N BRIDGE DR  |                          |                 | 2.3 STRE                         | T ADDRESS      |  |  |                  |                  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL   |                          |                 | 2.4 CITY-                        |                | 1775   |  |                  |                  |
| TITLE   |  |                          | DELETE          | 3.1 TITLE                        |                | VP<br>La   | sso, Pam   | Char             | ige 🔀 Addition   |
| NAME  |  |                          |                 | 3.2 NAMÉ                         |                | 1  | 60 Foxforrest Cir  | al o             |                  |
| STREET ADDRESS  |  |                          |                 |                                  | TADDRESS       |  |  | CIG              | \                |
| CITY-ST-ZIP   |  |                          |                 | 3.4 CITY-                        | -              | Ap   | opka, F1 32779   |                  |                  |
| TITLE   |  |                          | DELETE          | 4.1 TITLE                        |                |  |  | Char             | ige L Addition   |
| NAME  |  |                          |                 | 4.2 NAME                         |                | .  |  |                  |                  |
| STREET ADDRESS  |  |                          |                 |                                  | ET ADDRESS     | 1  |  |                  | ]                |
| CITY-ST-ZIP   |  |                          |                 | 4.4 CITY-<br>5.1 TITLE           |                | <del> </del>   |  | [] ot            | []               |
| TITLE   |  | 1                        | DELETE          | 5.1 THE                          |                |  |  | L Char           | ige Addition     |
| NAME  |  |                          |                 |                                  | ET ADDRESS     |  |  |                  |                  |
| STREET ADDRESS  |  |                          |                 |                                  |                |  |  |                  |                  |
| CITY-ST-ZIP<br>TITLE  |  |                          | DOLETE          | 5.4 CITY-<br>6.1 TITLE           |                | +-   |  | [ ] <sub>C</sub> | nge Addition     |
| J j   |  |                          | DELETE          | 6.2 NAME                         |                | 1  |  | Char             | ige [_] Addition |
| NAME  |  |                          |                 |                                  | T ADDRESS      | 1  |  |                  | 1                |
| STREET ADDRESS  |  |                          |                 |                                  |                |  |  |                  |                  |
| CITY-ST-ZIP   | L  |                          |                 | 6.4 CITY-                        | 31-ZIP         |  |  |                  |                  |

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.

SIGNATURE:

MAICLAS WITE RAY LUSSO F PALLIOF NO

7/3/119

467-172-9207

P9500044495 602550-9001-23

## LASSO & MAJOR ASSOCIATES, P.A.

Telephone 407-772-9207 Fax 407-772-9212

900 Fox Valley Drive - Suite 206 Longwood, Fl. 32779

7/30/99

Divisions of Corporations PO Box 6327 Tallahassee, Fl. 32314

Re: Lasso & Major Associates, P.A.

Reference is made to the above captioned Florida corporation since 1995. Due to family illness our corporate filing was done for this year at the end of 1998 via check #1261 in the amount of \$158.75 - by our new secretary who is no longer with us. When we received the 2nd notice this past week-we checked with your office and our bank and found that check was never presented and we will stop payment on it - see check register attached . We have substituted a replacement check in that same amount attached along with original 12/31/98 filing and new updated 7/30/99 filing.

Should anything else be required we will comply as soon as possible. Correspondence in this matter can be directly sent to Jerry Lasso or Mary Major in the absence of Jerry if he has to return North for family medical concerns. We appreciate your understanding and help in this matter.

Sincerely,

Jerry Lasso President

cc Mary Major