

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000044978 (1)

1. Corporation Name  
LANGE CONSULTING & DEVELOPMENT, INC.



Principal Place of Business  
7465 NORTH WEST 49TH PLACE  
LAUDERHILL FL 33319-3441

Mailing Address  
7465 NORTH WEST 49TH PLACE  
LAUDERHILL FL 33319-3441

3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report 04/18/1996
4. FEI Number 59-1960461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LANGE, WILLIAM ALAN  
7465 NORTH WEST 49TH PLACE  
LAUDERHILL FL 33319-3441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
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

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, WILLIAM A	1.2 NAME	
STREET ADDRESS	7465 NORTH WEST 49TH PLACE	1.3 STREET ADDRESS	9000002107459--7
CITY - ST - ZIP	LAUDERHILL FL 33319-3441	1.4 CITY - ST - ZIP	-03/07/97--01075--004
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	*****85.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, CLAIRE A	2.2 NAME	
STREET ADDRESS	7465 NORTH WEST 49TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33319-3441	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	*****80.00 ST Dept of Rev <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Wm A Lange  
WILLIAM A. LANGE  
2/19/97  
954-741-5813

CNPPRT2 - 00 RUN DATE 03/04/97 AS OF 03/04/97  
SAMAS - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
ILO 450000 - DEPARTMENT OF STATE  
SITE - NO TITLE

SWDN C7000024008 ADOCMO D71110

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT
45 20 2 130001 45300000 00 000100 00		45	0010	80.00

TRANSACTION CODE TOTAL - 45

80.00

ACCOUNT CODE	CF	TC	OBJECT
45301010 R2			

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posted 3-5-97  
Dept. of  
Rev.

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PAGE 2

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FINANCIAL MANAGEMENT