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 # P95000044978

LANGE CONSULTING & DEVELOPMENT, INC.

Principal Place of Business								
7465	NORTH	WEST 49TH	PLACE					

FILED Mar 26, 1999 8:00 am **Secretary of State**

03-26-1999 90014 036 ***150.00



AUDERHILL FL 33319-3441	LAUDERHILL FL 33319-3441		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 06/02/1995				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
ন [']	26		59-1960461	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
2	27	.*	1				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Co	untry	This corporation owes the current year fr Personal Property Tax.	itangible □ Yes ☑ No			
9. Name and Address of Curi	ent Registered Agent	10. Name and Address of New Registered Agent					
LANGE, WILLIAM ALAN 7465 NORTH WEST 49TH PLACE		ss (P.O. Box Number is Not Acceptable)					
LAUDERHILL FL 33319-3441		83					

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

City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.								
TITLE	P DELETE	1.1 TITLE			☐ ch	ange	Addition			
NAME	LANGE, WILLIAM A	1.2 NAME								
STREET ADDRESS	7465 NORTH WEST 49TH PLACE	1.3 STREET ADDRESS					Ì			
CITY-ST-ZIP	LAUDERHILL FL 33319-3441	1.4 CITY-ST-ZIP								
TITLE	V DELETE	2.1 TITLE			□ Ch	ange	☐ 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	<u> </u>							
TITLE	☐ OELETE	3.1 TITLE			□ Ct	ange	☐ Addition			
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	☐ DELETE	4.1 TITLE			□ ct	ange	Addition \			
NAME		4. 2 NAME					l			
STREET ADDRESS		4.3 STREET ADDRESS					}			
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ OELETE	5.1 TITLE			c	ange	Addition			
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE			CH	ange	☐ Addition			
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

85 Zip Code