

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056059 (5)

1. Corporation Name
LA CHA TE, INC.



Principal Place of Business

4411 CLEVELAND AVENUE
FORT MYERS FL 33901

Mailing Address

4411 CLEVELAND AVENUE
FORT MYERS FL 33901

3. Date Incorporated or Qualified
07/14/1995

3a. Date of Last Report
FIRST

2. Principal Place of Business

2a. Mailing Address

21 17 SOUTH ATLANTIC BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 FT LAUDERDALE, FL

28

Zip Country

Zip Country

24 33316

25

USA

29

30

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARGANO, ANTHONY J
1520 ROYAL PALM SQUARE BLVD. STE 260
FORT MYERS FL 33919

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME LAGESCHULTE, DAVID L
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME LYNCH, PAUL
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME BRAWNER, TERRY
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Paul Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

94-275-6339
Daytime Phone #

CR2E034 (12/95)