

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 # **P95000073170 (9)**

1. Corporation Name

LANDRY FAMILY CORPORATION



Principal Place of Business

Mailing Address

**3246 GARFIELD STREET
HOLLYWOOD FL 33021**

**3246 GARFIELD STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0636983

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

**LANDRY, ROBERT
3246 GARFIELD STREET
HOLLYWOOD FL 33021**

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 for the individual or representative of the corporation

Signature for the Agent's representative of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D			
NAME	LANDRY, ARMEND			<input type="checkbox"/> DELETE
STREET ADDRESS	25 LEVREL LANE			
CITY - ST - ZIP	PRINCETON MA 01541			
TITLE				<input type="checkbox"/> DELETE
NAME				<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	President				
11 TITLE	Landry, Armand			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	3246 Garfield St.				
13 STREET ADDRESS	Hollywood, FL 33021				
14 CITY - ST - ZIP				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
21 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 this 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: *Armand J. Landry* **ARMAND J. LANDRY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 305-964-5860
DATE DAYTIME PHONE #

CR2E034 (12/95)