**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079472 (3)

LALOR & MASSIE PROPERTIES, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Fillippairia	Ce Of Business	Mailing Address					
1835 ORANGE AVENUE FT. PIERCE FL 34950		1335 ORANGE AVENUE FT. PIERCE FL 34950				0.004.05	
					DO NOT WRITE IN THI	S SPACE	
		•			3. Date Incorporated or Qualified 10/17/1995		
2. Principal I	Place of Business	2a. Mailing Addres	8		4. FEI Number	<del></del>	Applied For
21		26			65-0615797	-	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.	75 Additional
22		27			5. Certificate of Status Desired		e Required
City & Sta	le	City & State			6. Election Campaign Financing	\$5.	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the o	current yea	ar Intangible
24	25	29	30			Yes	□ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent	
	ALOR, MICHAEL A		8	1 Name			
	35 Orange avenue		<b>82</b> Street A		Address (P.O. Box Number is Not Acceptable)		
FT	T. PIERCE FL 34950		L		,	_	
			8	3			
			8	4 City		85	Zip Code
				1	F	L	,
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the abo	ve-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of chang	ng its registered
agent. I a	am <b>fa</b> miliar with, and accept the oblig	ations of, Section 607.05	i05, Florida Statut	oy me corpora es.	ation's board or directors, Thereby accept the a	ppommer	ii as registered
SIGNATURE							
	Signature, typed or preited name of registered ag		(NOTE Registered A	gent signature requ	uired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD PROUMER A	☐ DELE	TE 1.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	LALOR, MICHAEL A		1.2 NAMI	İ			
STREET ADDRESS	1335 ORANGE AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL 34950		1.4 CITY	-ST-ZIP			
TITLE	VSID	DELE	TE 2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	MASSIE, WAYNE A		2.2 NAM				
STREET ADDRESS	1335 ORANGE AVENUE		2.3 STRE	ET ADDRESS	;		
CITY-ST-ZIP	FT. PIERCE FL 34950	_	2. 4 CITY	- ST - ZIP			
TITLE		DELE	TE 3.1 TITLE			☐ Cha	nge Addition
NAME			3.2 NAM	:			
STREET ADDRESS			3.3 STAE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			1
TITLE		☐ DELE				Cha	nge Addition
NAME	1		4. 2 NAM	E			
STREET ADDRESS	1			ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELE				☐ Cha	nge 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	1		•	ĺ			
TITLE		☐ DELE	5.4 CITY-			Cha	nge Addition
							ngo Landidott
NAME OTDEET ADDRESS			6.2 NAMI	-			
STREET ADDRESS				ET 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 suppliemental 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.

561 461 6624 27/98