

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90102 026 ***158.75

DOCUMENT # P96000009515

1. Corporation Name
LACERTE & SON, INC.

Principal Place of Business
275 NORTHEAST 48TH STREET
POMPANO BEACH FL 33064

Mailing Address
275 NORTHEAST 48TH STREET
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1996

4. FEI Number
65-0644345

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2660 NE 7th Ave.

2a. Mailing Address
26 2660 NE 7th Ave

22 City & State
23 Pompano Bch, FLA
24 Zip 33064
25 Country USA

27 City & State
28 Pompano Bch, FLA
29 Zip 33064
30 Country USA

9. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE C ESQ.
LIGHTHOUSE POINT PROFESSIONAL CENTER
5340 NORTH FEDERAL HIGHWAY, SUITE 104
LIGHTHOUSE POINT FL 33064

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 officer 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACERTE, MARC DANIEL	
STREET ADDRESS	275 NORTHEAST 48TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LACERTE, BEAU CHRISTOPH	
STREET ADDRESS	275 NORTHEAST 48TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2660 N.E. 7th Ave.	
1.4 CITY-ST-ZIP	Pompano Bch, Fla. 33064	
2.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LACERTE, BEAU CHRISTOPH	
2.3 STREET ADDRESS	2660 N.E. 7th Ave.	
2.4 CITY-ST-ZIP	Pompano Bch, Fla. 33064	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1-1/98)

0180957