## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000010659 (6)

THE LANDRY GROUP, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|

## **FILED** Apr 23 1998 8:00am Secretary of State



| Principal Place          | of Business   | Mailing Address          |                          |               |         |                 | t santrant ten enten meter mater dater mater einer ether daten deten allen fint indt |  |  |
|--------------------------|---|--------------------------|--------------------------|---------------|---------|-----------------|--|--|--|
| 1125 NORTHWEST 126 COURT |   | 1125 N                   | 1125 NORTHWEST 126 COURT |               |         |                 |  |  |  |
| MIAMI FL 3318            | 32  | MIAMI F                  | FL 33182                 |               |         |                 | DO NOT WRITE IN THIS SPACE   |  |  |
|                          |   |                          |                          |               |         |                 | 3. Date Incorporated or Qualified  |  |  |
|                          |   |                          |                          |               |         |                 | 02/02/1996   |  |  |
| 2. Principal Pla         | ace of Business   | 2a, Maili                | ng Address               |               |         |                 | 4. FEI Number Applied For  |  |  |
| 21                       |   | 26                       | •                        |               |         |                 | 65-0644168 Not Applicable  |  |  |
| Suite, Apt. (            | #, <b>el</b> c.   |                          | e, Apt. #, etc.          |               |         | · · · · · · · · | SR 75 Additional   |  |  |
| 22                       |   | 27                       |                          |               |         |                 | 5. Certificate of Status Desired Fee Required  |  |  |
| City & State             | )   |                          | & State                  |               | •       |                 | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| 23                       |   | 28                       |                          |               |         |                 | Trust Fund Contribution Added to Fees  |  |  |
| Zip                      | Country   | Zip                      |                          | Co            | untry   | -               | 8. This corporation owes or has paid the current year Intangible                     |  |  |
| 24                       | 25  | 29                       |                          | 30            |         |                 | Personal Property Tax due June 30.  Yes No   |  |  |
|                          | 9. Name and Address of Curre  | nt Registered            | Agent                    |               |         |                 | 10. Name and Address of New Registered Agent   |  |  |
| LER                      | OY, DOMINIQUE M   |                          |                          |               | 81      | Name            |  |  |  |
|                          | E FLAGLER ST  |                          |                          |               | 82      | Street          | Address (P.O. Box Number is Not Acceptable)  |  |  |
|                          | TE 1428   |                          |                          |               | -       | 017001          | Address (1.10. Day Harrise is Not Addeptable)  |  |  |
|                          | MI FL 33131   |                          |                          |               | 83      |                 |  |  |  |
|                          |   |                          |                          |               |         | 0.4             |  |  |  |
|                          |   |                          |                          |               | 84      | City            | FL 85 Zip Code   |  |  |
| 11. Pursuant te          | o the provisions of Sections 607.05   | 02 and 607.150           | 08, Florida Statu        | les, the a    | bove    | -named          | corporation submits this statement for the purpose of changing its registered        |  |  |
| office or re             | e <b>gistere</b> d agent, or both, in the Stat<br>n <b>fam</b> iliar with, and accept the oblig | e of Florida. Su         | ich change was           | authorize     | ed by   | the cor:        | poration's board of directors. I hereby accept the appointment as registered         |  |  |
| SIGNATURE                | The state of the state of the state of the  | janens en, exec          | 1001 007.0000, 1         | onda Ola      | iidios  | •               |  |  |  |
|                          | Signature, typed or printed name of registered ac   | gent and titic if applic | able (NO                 | TE: Registere | ed Age  | nt signature    | e required when reinstating) DATE  |  |  |
| 12.                      | OFFICERS AN   | ND DIRECTORS             | 3                        | 13.           |         |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                    |  |  |
| TITLE                    | PSTD  |                          | ☐ DELET <b>E</b>         | 1.1 T         | ITLE    |                 | V/D Change Addition  |  |  |
| NAME                     | LANDRY, KELLY L   |                          |                          | 1.2 N         | AME     |                 | zeila H. Landry  |  |  |
| STREET ADDRESS           | 1125 NORTHWEST 126 COU  | jrt                      |                          | 1.3 \$        | TREET.  | ADDRESS         | 5801 Lois St.  |  |  |
| CITY-ST-ZIP              | MIAMI FL 33182  |                          |                          | 1.4 0         | ITY-\$1 | - <b>ZI</b> P   | Panama City, FL 32404  |  |  |
| TITLE                    | <del>-</del>  |                          | DELETE                   | 2.1 T         | ITLE    |                 | D Change Addition  |  |  |
| NAME                     |   |                          |                          | 2.2 N         | IAME    |                 | Date R. Landry<br>1940 Nanticoke Circle  |  |  |
| STREET ADDRESS           |   |                          |                          | 2.3 S         | TREET.  | ADDRESS         | 1940 Nanticoke Circle  |  |  |
| CITY-ST-ZIP              |   |                          |                          | 2.40          | CITY-S  | T-ZIP '         | Tallahussee, FL 32303  |  |  |
| TITLE                    |   |                          | DELETE                   | 3.1 T         | ITLE    |                 | Change 2 addition  |  |  |
| NAME                     |   |                          |                          | 3.2 N         | AME     |                 | Karen L. Lambert   |  |  |
| STREET ADDRESS           |   |                          |                          | 3.3 S         | TREET   | ADDRESS         | Karen L. Lambert<br>2466 Wattle Tree Rd. E.  |  |  |
| CITY-ST-ZIP              |   |                          |                          | 3.4.0         | DITY-S  | T - 71P         | Jacksonville, FL 32216   |  |  |
| TITLE                    |   | <del></del>              | DELETE                   | 4.1 T         |         |                 | Change Addition  |  |  |
| NAME                     |   |                          |                          | 4.21          | IAME    |                 |  |  |  |
| STREET ADDRESS           |   |                          |                          | 4.3 S         | TREET   | ADDRESS         |  |  |  |
| CITY-ST-ZIP              |   |                          |                          |               | ITY-S1  |                 |  |  |  |
| TITLE                    |   |                          | DELETE                   | 511           |         |                 | Change Addition  |  |  |
| NAME                     |   |                          |                          | 5.2 N         |         |                 |  |  |  |
| STREET ADDRESS           |   |                          |                          |               |         | ADDRESS         |  |  |  |
| CITY-ST-ZIP              |   |                          |                          |               | ITY-ST  |                 |  |  |  |
| TITLE                    |   |                          | DELETE                   | 6.1 TI        |         | - £IF           | Change Addition  |  |  |
| NAME                     |   |                          | many or a to to to the   | 6.2 N         |         |                 | C Onbrigo C Rudilloli  |  |  |
|                          |   |                          |                          | •             |         | i DDDr ^^       |  |  |  |
| STREET ADDRESS           |   |                          |                          | 1             |         | ADDRESS         |  |  |  |
| CITY-ST-ZIP              |   |                          |                          | 6.4 C         | ITY-ST  | - ZIP           | 1  |  |  |

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 for on an attachment with an address.

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