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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

407-648-8222

DOCUMENT # P96000012635 (4)

LENTZ-GOODMAN GROUP, INC.

Principal Place of Business Mailing Address				L NEGOTIANO 119 (ALCO ALIAL ARCHI ARCHI ARCHI	BOINT TARE IIDIS DIESS WIRE EIN 1891	
1501 WEST COLONIAL DRIVE ORLANDO FL 32804		1501 WEST COLONIAL DRI ORLANDO FL 32804-7120	1501 WEST COLONIAL DRIVE ORLANDO FL 32804-7120			
				3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report	
2. Principal P	Place of Business	2e. Mailing Address		4. FEI Number 59-33645	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	(e	City & State	.,	6. Election Campaign Financing	\$5.00 May Be	
23		28	T	Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip 29	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, 【Yes ☐ No	
24	25 9. Name and Address of Curre		[30]	10. Name and Address of New Re		
COR	PORATION SERVICE COMPAN		81 Name	hacipa 7 1	0.2	
	HAYS STREET	•	82 Street Add	ress (P.O. Box Number is Not Acceptab	Die)	
	LAHASSEE FL 32301-2525		150	1 W. Colonial	DUILE	
			83 Sui	te 102		
			84 City	2.~4.	FL 85 32804	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es the above-named corr	poration submits this statement for the p	urnoes of changing its registered	
office or r	registered agent, or both, in the Stat	te of Florida. Such change was a	authorized by the corporal	tion's board of directors. I hereby accep	of the appointment as registered	
		gations of abblich 607,0365, Fig.	mua statutes.	4	15/97	
SIGNATURE	Signature, typed creatinited name of replace 1 a	agent and title it applicable. (NOTE	L: Registered Agent signature requi		DAI.	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	□. DELETE	1.1 TITLE		Change Addition	
NAME	LENTZ, CHARLES	_	1.2 NAME			
STREET ADDRESS	1501 WEST COLONIAL DRIVE	.	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL 32804 VSTD	DELETE	1.4 CITY - ST - ZIP 2.1 TILLE		Change Addition	
NAME	GOODMAN, GEORGE		2.2 NAME		The state of the s	
STREET ADDRESS	1501 WEST COLONIAL DRIVE	Ē	2.3 \$TREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804	•	2 4 CiTY - ST - ZiP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 \$TREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. C/1Y - S1 - Z/P		Change Addition	
TITLE		□ pretrut	4.1 TITLE 4. 2 NAME		☐ Offatige ☐ Addition	
NAME STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - 7iP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	by carlify that the information cumpli	ind with this bling door not quali	6.4 CHY-ST-ZIP	d in Section 110 07(3)(i) Florida Statute	o I further certify that the	
14. I do herei Informatio I am an c appears	by certify that the information supplied indicated on this annual report or officer or director of the corporation in Block 12 or Block 12 if change.	ed with this hiling does not qualify supplemental annual report is to the receiver or trustee empowed in an attachment with an additional supplement.	fy for the exemption states rue and accurate and that vered to execute this repo dress.	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega rit as required by Chapter 607, Florida S	 I further certify that the il effect as if made under cath; tha statutes, and that my name 	