**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000016072

1. Corporation Name

LANCE ERICKSON BUILDERS INC.

	¥	_					-\	LIN RENT MEINT 19860 1581 1881	
Principal Place	e of Business	Ma	iling Address						
2858 N MILLER DR 2858 N MILLER DR									
PALM BEACH GARDENS FL 33410			PALM BEACH GARDENS FL 33410				DO NOT WRITE IN THIS SPACE		
U\$ U\$						3. Date Incorporated or Qualified			
the statement and programs and the second					- برساره د		02/20/1996		
9. Deixeinal Diago of Business			2a. Mailing Address				4. FEI Number	Applied For	
2. Principal Place of Business			2a. Maining Address 26				65-064 1966	Not Applicable	
21			Suite, Apt. #, etc.				00-004 1900	\$8.75 Additional	
Suite, Apt. #, etc.			, 1				5. Certifcate of Status Desired	Fee Required	
22			7 City & State				a Stadio Camping Financing		
City & State			¬ ´				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country			Zip Country						
Zip		<u> </u>	Zip		iiu y		This corporation owes the current year Intarpersonal Property Tax.	giole EYes □No	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 29	harad Agant	30	T		10. Name and Address of New Registered A		
	9. Name and Address of Curre	at regisi	GIOO Agailt		81 Nar	me	10, Haine and Address of New Ross	,	
FRIC	CKSON, LANCE A						<u> </u>	<u></u>	
14120 MARRIAN AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDEN S FL-33410.					2858 N Miller W				
1 AL	ii percii ariibeii o i e com	_			03				
					84 City	$\sqrt{\Omega_{\perp}}$	0 10 1 - 51	85 Zip Code	
						<u> Pal</u>	m Beach Gardens FL	33410	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	a of Fload	a. Such change was a	aumonzed	i ov tne c	ned corpo orporation	oration submits this statement for the purpose of chairs board of directors. I hereby accept the appoint	ment as registered	
	m rammar with, and accept the oblig	auons or,	0000011 001.0000,711	511 <b>0</b> 0 <b>5</b> 101					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	epplicable. (NOT	É: Registered	Agent signat	tura required	when reinstating) DATE		
12.	OFFICERS A			13.		•	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D		☐ DELETE	1.1 30	TLE			Change 🔲 Addition	
NAME	ERICKSON, L <del>anace</del> -a			1.2 N	ME	EV	rickson, Lance N.		
STREET ADDRESS 2858 N. MILLER DR.					1.3 STREET ADDRESS		,		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		1.4 CI	TY-ST-ZIP				
TITLE			☐ DELETE	2.1 TI				☐ Change ☐ Addition	
NAME .			و میشد.	2.2 N	ME .		— a v		
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	•			- 1	TY-ST-ZIP		•		
CITY-ST-ZIP			☐ DELETE	3.1 11				☐ Change ☐ Addition	
				3.2 N/			•		
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STREET ADDRESS				l l		E-9-3			
CITY-ST-ZIP			☐ DELETE		ITY-ST-ZIP			☐ Change ☐ Addition	
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NAME				4.2N			·		
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NAME	•			5.2 N					
STREET ADDRESS					IREET ADDR	ESS			
CITY-ST-ZIP					TY-ST-ZIP				
TITLE			□ DELETE	6.1 π		-		☐ Change ☐ Addition	
NAME .				6.2 N	AME		<b>V</b>		
CTDEET ADDRESS	· ·			6.3 S	REET ADDR	FSS			

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, often an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90175 013 \*\*\*150.00