

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90213 016 \*\*\*150.00

NON-PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000034899**

1. Corporation Name  
**LAN PRO, INC.**



Principal Place of Business  
 11836 NW 38TH PLACE  
 SUNRISE FL 32323

Mailing Address  
 11836 NW 38TH PLACE  
 SUNRISE FL 32323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/19/1996**

4. FEI Number  
**65-0661063**

Applied For  
 Not Applicable

2. Principal Place of Business  
 21 **6809 SW 10 ST**

2a. Mailing Address  
 26 **6809 SW 10 ST**

5. Certificate of Status Desired  **\$8.75** Additional  
 -Fee Required-

23 **PEMBROKE PINES, FL**

28 **PEMBROKE PINES, FL**

6. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00** May Be  
 Added to Fees

24 **33023** 25 **BROWARD**

29 **33023** 30 **BROWARD**

8. This corporation owes the current year Intangible  
 Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SALOMONE, PIERO  
 11836 NW 38TH PLACE  
 SUNRISE FL 32323~~

81 Name **ERIC RAIRDEN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6809 SW 10 ST**

84 City **PEMBROKE PINES** FL 85 Zip Code **33023**

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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**  DELETE  
 NAME **RARDEN, ERIC**  
 STREET ADDRESS **6809 SW 10TH ST**  
 CITY-ST-ZIP **PEMBROKE PINE FL**

1.1 TITLE **P**  Change  Addition  
 1.2 NAME **ERIC RAIRDEN**  
 1.3 STREET ADDRESS **6809 SW 10 ST**  
 1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

TITLE **P**  DELETE  
 NAME **SALOMONE, PIERO**  
 STREET ADDRESS **11836 NW 38TH PL**  
 CITY-ST-ZIP **SUNRISE FL 32323**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/11/99** Daytime Phone # **954-963-1198**

CR2E034 (1/198)