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

FILED Feb 10 1998 8:00am IL ORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000053855 (8) LOIS JEAN LANG, INC. Principal Place of Business Mailing Address 2515 COUNTRYSIDE BLVD 2515 COUNTRYSIDE BLVD DO NOT WRITE IN THIS SPACE CLEARWATER FL 33763 **CLEARWATER FL 33763** 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2n. Mailma Address FEI Number Applied For 2717 SEVILLE BLVD. 59-3392119 Not Applicable \$8.75 Additional SO 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible **PINEIIBS** [29] 33 Yes **⊠** No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MACK, RAYMOND P 2515 COUNTRYSIDE BLVD, SUITE B 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34623** 83 84 City 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 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSD** DELETE Change Addition 1.1 TITLE TITLE LANG, LOIS J 1.2 NAMÉ NAME 2515 COUNTRYSIDE BLVD SUITE B 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 93763 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 71P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP

14. Thereby 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 amount report or supplimental 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

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELFTE

TITLE

NAME

STREET ADDRESS

Addition