


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90056 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
----------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

**DOCUMENT # P96000053855**

1. Corporation Name

**LOIS JEAN LANG, INC.**

Principal Place of Business

**2747 SEVILLE BLVD** **7178 Lakeside Drive**  
**APT. #8887** **Sarasota FL**  
**CLEARWATER FL 33784** **34243**  
**US**

Mailing Address

**2747 SEVILLE BLVD**  
**APT. #8887** **7178 Lakeside Drive**  
**CLEARWATER FL 33784** **Sarasota FL**  
**US** **34243**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		06/24/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-3392119	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAON, RAYMOND P**  
**2515 COUNTRYSIDE BLVD, SUITE B**  
**CLEARWATER FL 04620**

10. Name and Address of New Registered Agent

81 Name **LOIS J. LANG**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7178 LAKESIDE DRIVE**  
 83  
 84 City **SARASOTA** FL 85 Zip Code **34243**

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 **Lois J. Lang, President** **Lois J. Lang** **May 9, 1999**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, LOIS J	1.2 NAME	
STREET ADDRESS	2747 SEVILLE BLVD, #8887	1.3 STREET ADDRESS	7178 LAKESIDE DRIVE
CITY-STATE-ZIP	CLEARWATER FL 33784	1.4 CITY-STATE-ZIP	SARASOTA, FL 34243-3854
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: **Lois J. Lang, President** **4/23/99** **(941) 358-5388**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed  
**LOIS J. LANG, PRES.**

CR2ED34 (1/98)