

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$50 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1. PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **PA9000058776**

1. Corporation Name

LAFAYETTE PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 AM 9:15

2. Principal Place of Business		2a. Mailing Address		DO NOT WRITE IN THIS SPACE		
21	6722 SYLVAN WOODS DR	26	P.O. BOX 953534	3. Date Incorporated or Qualified		
Suite, Apt #, etc.		Suite, Apt. #, etc.		JULY 12 1996		
22	27		City & State		4. FEI Number	
City & State		28 LAKE MARY FL		59-3398047	Applied For	
23	29		Zip	Country	Not Applicable	
Zip	25 SEMINOLE	32771	32795	30 SEMINOLE	5. Certificate of Status Desired	
6. Election Campaign Financing		7. This corporation owes the current year		\$8.75 Additional Fee Required		
Trust Fund Contribution		Intangible Personal Property		\$5.00 May Be Added to Fees		
8. This corporation owes the current year		Intangible Personal Property		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**A. R. WIRTH
6722 SYLVAN WOODS DR
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
FL			

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	1.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	2.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 signature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/99

CR2E034 (5/98)

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LAFAYETTE
PROFESSIONAL SERVICES, INC.
P O BOX 953534, LAKE MARY, FL 32795

Tuesday, October 12, 1999

Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Ms. Harris;

As you can see, I am mailing my Annual Report quite late. I am requesting that you reinstate my corporation and waive the \$750.00 reinstatement fee.

I had not received any notice mailed from your office this year.

My address and the address of the corporation changed last May due to a personal hardship. At that time, I was required to find a new residence as well as a new location for the business. The Post Office did not forward your mail.

All of my time was dedicated to those tasks and to maintaining the business operation. Consequently, the required address notification and filing of the annual report form went unnoticed until this time.

I am asking that you favorably consider my request and in doing so greatly assist a small business to avoid further hardship.

I am including a \$150.00 fee along with the report; however, should you deny my appeal, I will abide by your decision and mail the balance due.

Thank you for your assistance in this matter.

Sincerely,



A. R. WIRTH
CB-C058128