FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPÄRTMENOF STATE

Sandra B. Monam

Secretary of Ste

DOCUMENT # P96000068455 (0)

LARC MANAGEMENT, INC.

FILED Feb 04 1998 8:00am Secretary of State



3. Date incorporate 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-068372 Suite. Apt. #, etc.	l l
FORT LAUDERDALE FL 33308 3. Date incorporate 08/12/1996 2. Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address 3. Date incorporate 08/12/1996 4. FEI Number 25	ed or Qualified
3. Date incorporate 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite. Apt. #, etc. Suite. Apt. #, etc.	ed or Qualified
3. Date incorporate 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 5-068372 Suite. Apt. #, etc. Suite. Apt. #, etc.	ed or Qualified
08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-068372 Suite, Apt. #, etc. Suite, Apt. #, etc.	l l
21 26 65-068372 Suite. Apt. #, etc. Suite. Apt. #, etc.	
Suite Apt #, etc. Suite, Apt #, etc.	Applied For
Suite Apt #, etc. Suite, Apt #, etc.	Not Applicable
5. Certificate of Sta	atus Desired \$8.75 Additional
[22]	Fee Required
City & State City & State 6. Election Campai	+-···
23 Z8 Trust Fund Cont	
	owes or has paid the current year Intangible
	ty Tax due June 30. Yes No
	ress of New Registered Agent
EMON, II. DAVID	
224 COMMERCIAL BOULEVARD 82 Street Address (P.O. Box Number	is Not Acceptable)
SUITE 310	
LAUDERDALE-BY-THE-SEA FL 33308	
Fall City	85 Zip Code
	PL (
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ave-named corporation submits this state office or registered agent, or both, in the State of Florida, Such change was authorizably the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.	atement for the purpose of changing its registered is a legistered.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta es	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NQTE, Register, gaint signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS IN 12
DOCCCMANN ADTHUD	EL Shargo EL Florido
OTOCAL COUNTY AND WHO?	
EODT LAUDEDDALE EL 22200	
3 17 0 37-20	Change Addition
NAME 22.N	· ·
STREET ADDRESS 2.3 SEL ADDRESS	
CITY-ST-ZIP 2.40 31-ZIP TITUE DELETE 3.1 T	Change Addition
	sharige nations
NAME 32 M	
STREET ADDRESS 3.3 S ADDRESS	
CITY-ST-ZIP 3.4. C ST-ZIP DELETE 4.1 TI	Change Addition
	C. Ontaings C. Castalan
NAME 4.2 N	
STREET ADDRESS 4.3 ST AT ADDRESS	
CITY-ST-ZIP 4.4 CIT ST-ZIP	Change Addition
TITLE DELETE 5.1 TIT	
NAME 52 NAT	
STREET ADDRESS 53 STATT ADDRESS	
CITY-ST-ZIP 54 CIT ST-ZIP	Change Addition
TITLE L DELETE - 1 61 TITL	Change
NAME 62 NAV.	
NAME 6 2 NAV. STREET ADDRESS 6.3 STREET ADDRESS	