


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

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092909 (6)
1. Corporation Name
LANTANA OSBORN ENTERPRISES, INC.



Principal Place of Business: **650 W BOYNTON BEACH BLVD. SUITE 2 BOYNTON BEACH FL 33426**
Mailing Address: **650 W BOYNTON BEACH BLVD. SUITE 2 BOYNTON BEACH FL 33426-3637**

3. Date Incorporated or Qualified: **11/12/1996**
3a. Date of Last Report: **N/A**
4. FEI Number: Applied For / Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes / No

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent: **MARK E. ROBERTS, 650-2 W. BOYNTON BEACH BLVD. SUITE 2, BOYNTON BEACH FL 33426**

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: *Mark E. Roberts* **MARK E. ROBERTS, PRESIDENT** **4/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, TREASURER	<input type="checkbox"/> DELETE
NAME	MARK E. ROBERTS	
STREET ADDRESS	650-2 W. BOYNTON BEACH BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES MILLER	
STREET ADDRESS	425 PLANT TERRACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SANDRA S. ROBERTS	
STREET ADDRESS	1495 BREAKERS WEST BLD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, 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.

SIGNATURE: *Mark E. Roberts* **MARK E. ROBERTS, DDS, PRESIDENT** **4/10/97** **(661) 736-1700**

CR2E034 (9/96)