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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90155 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000099905

1. Corporation Name
LACRANE, INC.

Principal Place of Business

2423 S/E DIXIE HWY
STUART FL 34996

Mailing Address

2423 S/E DIXIE HWY
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0719270

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 906 S.E. DIXIE HWY.

2a. Mailing Address

26 906 S.E. DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART FL

City & State

28 STUART FL

Zip

24 34996

Country

25 USA

Zip

29 34996

Country

30 USA

9. Name and Address of Current Registered Agent

CRANE, LEE ANN
2423 S/E DIXIE HWY
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 906 S.E. DIXIE HWY.

84 City

85 STUART

FL

86 Zip Code

87 34996

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	P.V.T.
NAME	CRANE, LEE ANNE	1.2 NAME	LEE ANNE CRANE
STREET ADDRESS	2423 S/E DIXIE HWY	1.3 STREET ADDRESS	906 S.E. DIXIE HWY
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	STUART, FL 34996
TITLE		2.1 TITLE	SECRETARY
NAME		2.2 NAME	MILORAD CRANE
STREET ADDRESS		2.3 STREET ADDRESS	906 S.E. DIXIE HWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	STUART, FL 34996
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

561-220-5908

Daytime Phone #

CR2E034 (1/198)