

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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90042 010 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000018467**

1. Corporation Name  
**LAC HOMES, INC.**

Principal Place of Business  
**6965 CALLE DEL PAZ  
 BOCA RATON FL 33433**

Mailing Address  
**6965 CALLE DEL PAZ  
 BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**02/27/1997**

4. FEI Number  
**65-0731514**

5. Certificate of Status Desired  Applied For  
 Not Applicable  **\$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

9. Name and Address of Current Registered Agent  
**CUPELLI, RICHARD  
 6965 CALLE DEL PAZ  
 BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            |                                 |
|----------------------------|----------------------------|---------------------------------|
| TITLE                      | <b>P</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>CUPELLI, RICHARD</b>    |                                 |
| STREET ADDRESS             | <b>6965 CALLE DEL PAZ</b>  |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33433</b> |                                 |
| TITLE                      | <b>V</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>CUPELLI, JOSEPH F</b>   |                                 |
| STREET ADDRESS             | <b>6965 CALLE DEL PAZ</b>  |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33433</b> |                                 |
| 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 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: *Richard Cupelli* **REQUIRED** 3-19-99 561-447 4344  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)