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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027829 (5)

1. Corporation  LASCO		3027029 (0)		
Principal Place of Business		Mailing Address	·	
328 SE 18TH AVENUE CAPE CORAL FL 33990		328 SE 18TH AVENUE CAPE CORAL FL 33990		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address		03/24/1997  4. FEI Number
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired S8.75 Additional
22 City & State	Э	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25 9. Name and Address of Currer	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Pro 10. Name and Address of New Registered Agent
LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990			83   84   City	FL 85 Zip Code
agent. I ai SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or punked name of registered age	ations of, Section 607.0505, Flo	rida Statutes.	ed corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered use required when reinstating)  DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	D Lascola, Janice A 328 Se 18th Avenue Cape Coral Fl 33990	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-S1-ZIP	Change Addition
NAME STREET ADDRESS	GALE COLVE LE COSSO	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	Change Addition
TITLE NAME STREET ADDRESS		DELETE	2. 4 CITY - ST - ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRES	Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DÉLE7E	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 andress.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

4-14-08

Change

Addition

**FILED** 

May 06 1998 8:00am

Secretary of State