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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027829

LASCOLA INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90050 018 ***150.00



Principal Place	e of Business	Mailing Addre	ess			_	- '				{		BIÐ IÐII EÐUR
328 SE 18TH AVENUE 328 SE 18TH AVENUE CAPE CORAL FL 33990 CAPE CORAL FL 33990							DO NOT WRITE IN THIS S				SPACE		
	•						3. Date	Incorporated or				•]
								4/1997					
2. Principal P	lace of Business	2a. Mailing A	ddress			_	4. FEI N		•			Appl	lied For
21		26					65-0	758346				Not .	Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.			_			:		\$8.7	7 5 Ad	Iditional
22	w ***	27					5. Cerm	cate of Status D			Fe	e Req	uired
City & State	e ,	City & Sta	ate				6. Electi	on Campaign Fi	nancing		•		fay Be
23		28					Trust	Fund Contributi	on		Add	ded to	Fees
Zip	Country	Zip	-	Countr	У			corporation owes		ent year in		-	7 /
24	25	29		30				nal Property Ta			Yes	<u> </u>	71140
	9. Name and Address of Curr	ent Registered Age	nt	81	4 Na		10. Name	and Address	OT New K	egisterea	Agent		
1 490	COLA, JANICE A			10	' 'N°	III IC							
	SE 18TH AVENUE			82	2 St	reet Addre	ess (P.O. Bo	ox Number is No	t Accepta	ible)			
	E CORAL FL 33990			8:	_	_			•				
)	E OOINE LE OOSS			0.	"								
				84	4 Ci	ty				FL	85	Zip Co	ode
44 5	to the provisions of Sections 607.0	E02 and 607 1609 E	Jorida Statute	e the abov	VO-D2	med corno	aration subm	nits this stateme	nt for the	numose of	changin	a its r	egistered
office or n	egistered agent or both in the Stat	te of Florida Such ch	hange was at	uthorized by	v the	corporation	n's board of	directors. I here	by accep	t the appo	intment a	as regi	istered
agent. I a	m familiar with, and accept the obli	gations of Section 6	07.0505, Flor	rida Statute	: \$.								
SIGNATURE													
	District to the selection of an electrical participation of the electrical participation of th	agent and title if applicable	(NOTE:	Registered Age	ent sign	pture required	t when reinstation	a)		DATE			
-	Signature, typed or printed name of registered a OFFICERS /		(NOTE:	Registered Age	ent sign	ature required	when reinstating		S TO OF	DATE FICERS AI	ND DIRE	CTOF	RS IN 12
12.		AND DIRECTORS	(NOTE:			ature required		g) IONS/CHANGE	S TO OF		ND DIRE		RS IN 12
12.	OFFICERS A	AND DIRECTORS		13.		ature required			S TO OF				
12.	OFFICERS A D LASCOLA, JANICE A	AND DIRECTORS		13. 1.1 TITLE					S TO OF				
12. TITLE NAME STREET ADDRESS	D LASCOLA, JANICE A 328 SE 18TH AVENUE	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	ET ADDI				S TO OF				
12. TITLE NAME	OFFICERS A D LASCOLA, JANICE A	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDI				S TO OF			ınge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDI				S TÓ OFI		☐ Cha	ınge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ET ADDI	RESS			S TÓ OFF		☐ Cha	ınge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDI	RESS	ADDIT		S TO OF		☐ Cha	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDI ST-ZIP ET ADD	RESS	ADDIT	IONS/CHANGE	S TO OF		☐ Cha	inge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ET ADDI ST-ZIP ET ADD	RESS	ADDIT	IONS/CHANGE	S TO OF		☐ Cha	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE	ET ADDI ST-ZIP ET ADD	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDI ST-ZIP ET ADD -ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI	ET ADDI ST-ZIP ET ADD - ST-ZIP ET ADD - ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	ange ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY-	ET ADDI ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF ET ADD	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE	ET ADDI	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY-	ET ADDI ST-ZIP ET ADD -ST-ZIP ET ADD -ST-ZIP ET ADD ST-ZIP ET ADD ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		Cha	ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE	ET ADDI ST-ZIP ET ADDI -ST-ZIP ET ADDI -ST-ZIP ET ADDI ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDI ST-ZIP ET ADD -ST-ZIF	RESS	ADDIT	IONS/CHANGE	S TO OF		Cha	ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.3 STR	ET ADDI ST-ZIP ET ADD -ST-ZIP ET ADD -ST-ZIP ET ADD -ST-ZIP ET ADD -ST-ZIP ET ET ADD	RESS	ADDIT	IONS/CHANGE	S TO OFF		Cha	ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 5.4 CITY- 5.5 STREI 5.4 CITY-	ET ADDI ST-ZIP ET ADDI -ST-ZIF ET ADD -ST-ZIF ET ADD ST-ZIF E ET ADD ST-ZIF ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	inge ange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE 6.1 TITLE	ET ADDI ST-ZIP ET ADDI ST-ZIP ST-ZIP ET ADD ST-ZIP E ET ADD ST-ZIP E ET ADD ST-ZIP ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OF		Cha	inge ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LASCOLA, JANICE A 328 SE 18TH AVENUE CAPE CORAL FL 33990	AND DIRECTORS C	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 5.4 CITY- 5.5 STREI 5.4 CITY-	ET ADDI ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF ET ADD ST-ZIF ST-ZIF E E ET ADD ST-ZIP ST-ZIP ST-ZIP	RESS	ADDIT	IONS/CHANGE	S TO OFF		☐ Cha	inge ange	Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS