## 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** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90248 040 \*\*\*150.00

<b>DOCUMENT #</b>	P97000045652

1. Corporation Name

LAPECO CORPORATION

Principal Place of Business
FREDERICK C THACHER CPA PA 9750 SENUBIKE BLVD. STE 1 SEMINOLE FL 33772 US
2. Principal Place of Business

Mailing Address

2240 MIEST DAY DOWE

9750 SENUBIKE BLVD STE 1 LARGO FL SEMINOLE FL 33772			. DO NOT WRITE IN THIS SPACE			
US			<ol> <li>Date Incorporated or Qualified</li> <li>05/20/1997</li> </ol>			
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For		
21	26 4121 BAHIA DEL MA	k bwa	59-3449527	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State  28 ST. PETERSBURG	FL	Election Campaign Financing     Trust Fund Contribution	\$5:00 May Be Added to Fees		
Zip Country 25 25	Zip Cou 29 <b>33715</b> 30	ntry	<ol><li>This corporation owes the current year Int Personal Property Tax.</li></ol>	angible □ Yes □ No		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
THACHER, FREDERICK D CP		81 Name		_		
9750 SEMINOLE BLVD.	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1 SEMINOLE FL 33772		83				
OF 11110FF 1 2 0011F		84 City		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.

CICNIATURE	- Fryget Rugslike		らさせ ベルトプナ	<i>2)</i>	1,67	//	
SIGNATURE	State Company of The Transport of the Tr	plicable. (NOTE: Re	gistered Agent signature require		DATE		
12.	OFFICERS AND DIRECT	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D ·	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	KRYSTEK, ZYGMUNT		1.2 NAME				}
STREET ADDRESS	6121 BAHIA DEL MAR BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33715		1.4 CITY-ST-ZIP				
TITLE	D.	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	KRYSTEK, REGINA	l	2.2 NAME				}
STREET ADDRESS	6121 BAHIA DEL MAR BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33715		2.4 CITY-ST-ZIP				
TITLE	The state of the s	DELETE	3.1 TITLE " " " "	; " _ <del></del>	*	Change ~	- Addition
NAME	•		3.2 NAME				
STREET ADDRESS		,	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
Tπ/E		DELETE	4.1 TITLE			Change	☐ Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	· ,		4.4 CITY-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME .			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CMY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				·

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.

4.21.99