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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

#Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000060884 (8)

FILED May 15 1998 8:00am Secretary of State

LORANGER ENTERPRISES, INC. Principal Place of Business Mailing Address 3062 NW 61ST STREET 3062 NW 61ST STREET **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 0770491 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCRAE, MITCHELL T 2255 GLADES ROAD SUITE 405 EAST 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL** 83 84 City Zip Code 85 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. Mitchall T. M.Me (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 101.8 ROBINSON, GERALD L NAME 1.2 NAME 3062 NW 61ST STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 C/TY - S1 - 7/P DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE **ROBINSON, LORRAINE** NAME 22 NAME 3062 NW 61ST STREET STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 2. 4 C(TY - ST - Z(P ☐ Addition DELETE 3.1 THIE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change __ Addition DELETE 4.1 THLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(1Y - S1 - Z(P

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 eath; that I am an officer or director of this corporation or the receiver or trusted 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.