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 # **P97000060884**1. Corporation Name

LORANGER ENTERPRISES, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 045 ***150.00

Principal Place		Mailing Address	I ALLIN AL	0 -		
SOUR HIM OIST STREET C/O Mitch McRae SOUR IN OIST STREET C/O Mitch McRae						
DOWN INTO THE COACE						
250.	4 RATON, FL 3342		OLA RATON,	3. Date Incorporated or Qualifed		
D.c.	4 letton, LE 2215	•	33428	07/14/1997		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 C/O M		26 Co Mitch	McKAE	65-0770491 `_	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	II
22 2300	3 South State 120.7	27 23003 Sout	rstate 129.7	5. Certificate of States Desired	Fee Rec	quired
City & State	City & State City & State		_ 、	6. Election Campaign Financing \$5.00 May Be		May Be
23 كا ك	a RATON, TL	28 BOCA KA	70%, 1 C	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current		Yao
24 339	25	29 33428 31	<u> </u>	Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent	- Del No.	10. Name and Address of New Re	gistered Agent	
Name						
MCRAE, MITCHELL T 2255 GLADES ROAD SUITE 405 EAST 23003 South State (20.7)						
_800	A RATON FL-	STATE ICO.	7 83			ł.
		BOCA RATON	84 City 772 _	0 . =	85 Zip C	ode
ti		FL 3342	8 90	LA RATON	FL [3	3428
to the purpose of changing its registered						
11. Pursuant to the provisions of Sections 607.1502 and 6						
7/8/00						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	DPS	☐ DELETÉ	1.1 TITLE		Change	☐ Addition ☐
NAME	ROBINSON, GERALD L	/ C+ PLA	12 NAME			3
STREET ADDRESS	-3002-NW-61ST STREET 428	6 N.W. 65+ ALA	1.3 STREET ADDRESS] j
CITY-ST-ZIP	BOCA RATON FL 33496 BO	CA RATON, FL 3349	A.4 CITY-ST-ZIP			
TITLE	DVT	☐ DELETE	2.1 TITLE	•	Change	Addition
NAME	ROBINSON, LORRAINE	86 N.W. 65th PL	EAME 25			
STREET ADDRESS	-3062 NW 61ST STREET	36 14.00.00	2.3 STREET ADDRESS			1
CITY-ST-ZIP	BOGA RATON FL 33496	CA RATON, FL 334	Z.4 CITY-ST-ZIP			
TITLE	-	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		موسده و جو	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS	-		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		. Change	Addition
NAME		-	5.2 NAME		•	1
[5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
		- se finished per	6.2 NAME		_ •	_
NAME			6.3 STREET ADDRESS			Ì
STREET ADDRESS			6.4 CITY-ST-ZIP			ļ
CITY-ST-ZIP			0.4 GHT-31-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:

561-451-0095