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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State Portions

DOCUMENT # 1. Corporation Name LANGIRLS, INC. P97000070161 (9)

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
17632 SW 18TH STREET 17632 SW 18TH STREET					
MIRAMAR FL 33029		MIHAMAH FL 33029	MIRAMAR FL 33029		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/08/1997
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Armlied For
21		26	26		65-0773927 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		Election Campaign Financing \$5.00 May Be
23		26			Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr		81	Nome	10. Name and Address of New Registered Agent
	ORPORATE CREATIONS ENTER	APHISES, INC.	61	Name (-angivis Inc D+S Management
4521 PGA BLVD #211				Street Add	Idress (P.O. Box Number is Not Acceptable) Glaa Griffin Rd
PALM BEACH GARDENS FL 33418			83	<u>+</u>	1602 500 1840 ST. 4100 GTIMARO
			63		
*			84	City M	LIVERS COURT FL 85 ZID Code 333
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					
onice or i	egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was au ligations of, Section 607.0505, Flor	uthorized by rida Statutes	the corpori	
SIGNATURE	James	Maria			3-18-98
Oldivatorie	Stonelure, typed or printed name of registered a	agent and title il applicable (NOTE:	Registered Ager	nt signature req	quired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ARICCED CALLY	☐ DELETE	1.1 TITLE	1	☐ Change ☐ Addition
NAME	MUSSER, SALLY		1.2 NAME		
STREET ADDRESS	17632 SW 18TH STREET MIRAMAR FL 33029		1.3 STREET	ADDRESS	
CITY-ST-ZIP	D	T DELETE	1.4 CITY - S1		No Day
TITLE	LANG, CHAIRE	☐ DELETE	2.1 TITLE		Lang, Claire Addition
NAME	17632 SW 18TH STREET		2.2 NAME		Lang, Clair
STREET ADDRESS	MIRAMAR FL 33029		2.3 STREET		<i>31</i>
CITY-ST-ZIP TITLE	THE MARKET I P. DANCO.	DELE te	2. 4 CITY - S' 3.1 TITLE	T-ZIP	Change Addition
NAME		_ been	3.1 TITLE		orange noution
STREET ADDRESS			3.3 STREET	ADDRESC	
CITY-ST-ZIP			3.4. CITY - S		
TITLE	<u> </u>	☐ DELETE	3.4. CHY-S	1 - Z(F	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST		
TITLE	 	☐ DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET A	ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST		
TITLE	······································	☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		- —
STREET ADDRESS			6.3 STREET A	ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST	1	
	ertify that the information supplied	with this filing does not qualify for			in Section 119 07(3)(i) Florida Statutes I further certify that the information

I hereby certify that the information supplied with this filling 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.

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