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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083156 (4)

LA GORCE INVESTMENT CORPORATION

Principal	Place c	f Business
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## **FILED** May 15 1998 8:00am Secretary of State



Principal Placi	e or busines	SS	IVI	alling Address				ļ					
2665 \$ BAYS	HORE DRIVE		2	2665 S BAYSHORE DRI	٧E								
SUITE 900				SUITE 900					DO NOT WRITE IN TH	10 0DACE			
MIAMI FL 331	33		N.	VIAMI FL 33133				_		15 SFACE			<b>—</b>
								3.	Date Incorporated or Qualified				1
<b>A B</b> /	la = a ( f) = 1		T-5-	Marilla or Assessment				-	09/24/1997	<del></del>	٦.	- 11 - ( F) - v	4
2. Principal P			- t	. Mailing Address	ahara				FEI Number	-	-	plied For	-
		shore Drive	26	2665 S Bay	SUOLE			- (	55-0811301	- 60		ot Applicable	3
Suite, Apt. #, etc. 22 Suite 703			27	Suite, Apt. #, etc. 27 Suite 703				5. Certificate of Status Desired XXX \$8.75 Additional Fee Required					
City & State	9		1	City & State				6.	Election Campaign Financing	\$5	5.00	May Be	
23 Miami	, FL		28	Miami, FL					Trust Fund Contribution			to Fees	
Zip		Country		Zıp		intry		8. This corporation owes or has paid the current year Intangible					
24 33133-	-5401	25 USA	29	33133-5401	30 U	SA			Personal Property Tax due June 30.	Yes		] No	
	9, Name	and Address of Current	Regis	stered Agent				10.	Name and Address of New Register	ed Agent			
RIC	HARDS, T	IMOTHY D				81 Nam	10 10		to Country Two				
		HORE DRIVE				82 Stree	TO C	Or L	Orate Services, Inc. O. Box Number is Not Acceptable)				4
	TE 900	HONE DINIE				<b>62</b>   Sire	266	58 (P	Bayshore Drive				-
	MI FL 331	22				83							$\neg$
NIII	MINI IFE 93 I	33					Sui	te	703				
						B4 City	Mis	mi		85	₹¥1	<sup>Code</sup> -540	1
44 Duramont	lo the provid	sions of Sactions CO7 OFO2	and 6	OZ 1500 Elvido Ctoti	tor the a	boug pom	Mia		n submits this statement for the purpose				
office or r	egi <b>ste</b> red a	gent, or both, in the St <del>ate C</del>	of)[lori	ida ∧Such change was	authorize	d by the c	orporatio	n's b	poard of directors. I hereby accept the	ppointme	ent as	registered	١
agent. I a	m familian w	ith, and accept the obligat	jions o	of Scation 607.0505, F	iga Sta	tutes.	L		21/-	/			Ī
SIGNATURE	Lu	sutt.	us	way,	resi			·	4/3	195			
40	Symiture types	or printed name of registered agent OF LICERS AND				d Agent signa	ture required			ND DIDE	CTOF	O IN 10	[
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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.