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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DINGSION OF CORPORATIONS

DOCUMENT # **P98000067642**1. Corporation Name

LAC II, INCORPORATED

Principal Place of Business

2. Principal Place of Business

Mailing Address

3434 CLARK RD. SARASOTA FL 34231

21

3434 CLARK RD. SARASOTA FL 34231

2a. Mailing Address

26

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90269 011 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

08/01/1998 4 FEI Number 65-0860088

Suite, Apt. ≀	#, elc.		27	Sunte, Apr. #, 6	NC.				5. Certificate of S	tatus Desired		Fee Re	
22 City & State				City & State					6. Election Camp	aign Financing		\$5.00	May Be
23			28						Trust Fund Co	ntribution	<u>.</u>	Added 1	o Fees
Zlρ		Country		Zip		Country			8. This corporation	on owes the cur	rent year in		
24	25	25 29			30	30			Personal Prop			Yes	□No
	9. Name and	d Address of Cu	rrent Regi	stered Agent		- 27		1	0. Name and Ad	idress of New	Registered	Agent	
CAR						81	Name					_	
Carlin, Laura a 3012 vinson							Street Address (P.O. Box Number is Not Acceptable)						
	: VINDUN ASOTA FL 34:	202				-							
37470	NOUIN TE SH	EME				83							
						84	City		·		FL	85 Zp	Code
11. Pursuant	to the provisions	s of Sections 607.	.0502 and	807.1508, Florida	Statutes, tr	e above	named o	corporat	tion aubmits this s	tatement for the	purpose of	changing its	registered
office or n	egistered agent,	s or Sections 607. , or both, in the St and accept the ot	late of Flor	ida. Such change f. Section 607 05	was author	rized by Statutes	the corpo	retion's	board of directors	s. I hereby acce	pt the appo	vioneni as re	Brzower
	ots leatinates many	Bild skeeps till on	mganoo u	., 0000011 007.00	,,								
SIGNATURE	Signature, typed or pa	rinted name of registeres	d agent and thi	If applicable.	(NOTE: Rage	Rered Ages	L signature re	opured whe	en reinstelling)		DATE		····
12.		OFFICERS				13.			ADDITIONS/CI	LANGES TO O	FFICERS A		
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	certify that the ir	ntormation supplie	ed with this	filing does not q	uality for the	exempt	on stated	i in Sec	tion 119.07(3)(i).	Florida Statutes	I further or	entify that the	information
indicated	on this annual o	ntormation suppliem report or supplem romoration or the	ental anny	al report is true o invistas eminous	and accurate wed to exect	and that the this o	t my sign: ecort as r	parincer parincer	half have the same. I by Chapter 607,	ह समुद्धा सम्बद्ध स्ड Florida Statute	s; and that	my name apf	pears in
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