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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S57882

(0)

1. Corporation Name

LANGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

8014 S ORANGE AVE
ORLANDO FL 32824

Mailing Address

8014 S ORANGE AVE
ORLANDO FL 32824-8305



3. Date Incorporated or Qualified

05/13/1991

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3072085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANGE, CLARKE A.
9151 N. BAY BLVD.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81

Name

LANGE, CLARKE A.

82

Street Address (P.O. Box Number is Not Acceptable)

8625 CRESTGATE CIR.

83

84

City

ORLANDO

FL

85

Zip Code

32819

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.

SIGNATURE

Clarke A. Lange
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-97

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE
NAME LANGE, MELODEE LYNN
STREET ADDRESS 9151 N. BAY BLVD.
CITY-ST-ZIP ORLANDO FL

2. TITLE ☒ DELETE
NAME LANGE, CLARKE ANDREW
STREET ADDRESS 9151 N. BAY BLVD.
CITY-ST-ZIP ORLANDO FL

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME LANGE, MELODEE LYNN
1.3 STREET ADDRESS 8625 CRESTGATE CIR.
1.4 CITY-ST-ZIP ORLANDO, FL 32819

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME LANGE, CLARKE A.
2.3 STREET ADDRESS 8625 CRESTGATE CIR.
2.4 CITY-ST-ZIP ORLANDO, FL 32819

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 included 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.

SIGNATURE:

Clarke A. Lange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97

407-240-8340

Date

Daytime Phone #

CR2E034 (9/96)