

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S61032** (6)

1. Corporation Name
G. LA GRANGE, INC.



Principal Place of Business: **453 GULF VIEW SQUARE MALL PORT RICHEY FL 34668**
Mailing Address: **453 GULF VIEW SQUARE MALL PORT RICHEY FL 34668**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

4. FEI Number: **59-3074847**
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
**LA GRANGE, GLENDA
453 GULF VIEW SQ MALL
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 _____ DATE _____
Signature typed or printed name of registered agent (if applicable) _____ Registered Agent Signature (if applicable) _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LA GRANGE, GLENDA	
STREET ADDRESS	453 GULF VIEW SQ MALL	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HANSEN, EDWARDS S	
STREET ADDRESS	13118 NORTH BOULEVARD	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Eddie Hansen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

Original Filing Fee

CR2E034 (12/95)