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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S65605

(5)

LANNON	A, INC.		,		
Principal Place of Business		Mailing Address	•		E BIDI REDIT DINIL BIRIE ASDIS AIDIT MINIT SART
6601 N.W. 14TH ST. 6601 N.W. 14TH ST. PLANTATION FL 33313 PLANTATION FL 33313		3-4579			
				3. Date Incorporated or Qualifi 07/11/1991	ed 3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26 Suite, Apt. #, etc.		65-0300756	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financin	9 \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24	9. Name and Address of Cu	rrant Registered Agent	30	Florida Statutes 10. Name and Address of New	Yes No
KET	OVER, STEVE M		81 Name		
3109 STERLING RD.			82 Street A	Street Address (P.O. Box Number is Not Acceptable)	
STE 201				Janesa (1 . O. Dox Hamber 13 1407 7000	planty
FT. LAUDERDALE FL 33312			83		
			84 City		85 Zip Code
11 Director	to the provisions of Cactions 607	0500 and 607 1608 Florida 5	tatutes the above semed s	argaration automite this statement for t	he purpose of changing its registered
office or r agent La	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such change obligations of, Section 607.050	was authorized by the corpo 5, Florida Statutes.	oration's board of directors. Thereby a	he purpose of changing its registered ccept the appointment as registered
SIGNATURE.					DATE
12.	Sign datur. Typed or pointed name of registered agent and title if applicable. (NOT) OFFICERS AND DIRECTORS		(NOTE: Registered Agent signature re	·	FFICERS AND DIRECTORS IN 12
TITLE	D DELETE		1.1 TITLE		Change Addition
NAME	LANNOM, JACK		1.2 NAME		
STREZ FADDRESS			1.3 STREET ADDRESS		
CHTY - ST - ZUF	HOLLYWOOD FL	- Double	1.4 CITY - ST - ZIP		Observe Addition
TITLE		DELET	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CHT-SI-ZIP			2 4 CITY-ST-ZIP		
TULE		DELET		<u></u>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		+ r •s
Cily-ST-ZiP			3.4. CITY-ST-ZIP		
JIII E		☐ DELETI			Change Addition
NAME SPREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CHY-ST-7IF			44 CITY-ST-ZIP		
TITLE		DELET			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-ST-7-P			5.4 City-St-ZiP		0
T.TLE		DELETI			Change Maddition
NAME I			6.2 NAME		

6.4 CITY - ST - ZIP 14. If do 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS



Date Daytime Phone #

FILED

May 12 1997 8:00am

Secretary of State