SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49093

093 (0)

DAVID W. LANGLEY, P.A.

FILED Sep 17 1998 8:00am Secretary of State



Principal Place	of Bus iness	Mailing /	Mailing Address				
ONE EAST BRO	WARD BOULEVARD	ONE EAS	ONE EAST BROWARD BLVD.				
SUITE 700			SUITE 700			DO NOT MIDITE IN THIS SPACE	
FORT LAUDERD	ALE FL 33301		FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualified	
						07/01/1992	
2. Principal Pl	ace of Business	├ ──	2a. Malling Address			4. FEI Number	Applied For
21			26			65-0352604	Not Applicable
Suite, Apt.:	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>				Fee Required
City & State	Э	City	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes or has paid the o	
24	25	29		30		Personal Property Tax due June 30.	Yes No
	9. Name and Addres	s of Current Registered	Agent			10. Name and Address of New Registers	d Agent
LANC	ELEY, DAVID W.			81	Name		
ONE EAST BROWARD BLVD.				82	82 Street Address (P.O. Box Number is Not Acceptable)		
	E 700		82 Street		Street Add	touress (P.O. Box Number is Not Acceptable)	
		•					
FIU	aud e rdale fl 3330						
				84	City	F	85 Zip Code
					l		
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 la	m familiar with, and acce	ept the obligations of, sect	ion 607.0505, Fl	lorida Statute:	3,	• • • • • • • • • • • • • • • • • • • •	-
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Ag					gent signature rec		
12.	· ·_ · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTOR	₹5	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	Deceie :		1.1 TITLE			Change Addition	
NAME LANGLEY, DAVID W.			1.2 NAME			;	
STREET ADDRESS ONE EAST BROWARD BLVD., STE 700				1,3 STREET	ADDRESS		
CITY-ST-ZIP FT LAUDERDALE FL				1.4 CITY-ST-ZIP			:
TITLE			2.1 TITLE			Change Addition	
NAME I			2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS		ĺ
				2.4 CITY-ST			
CITY-ST-ZIP			DELETE	3.1 TITLE	-£-4F		Change Addition
TITLE			C DELETE	3.2 NAME			L Change L Addition
NAME					1000000		
STREET ADDRESS				3.3 STREE1	i		
CITY-ST-ZIP			P-40-1	3.4 CITY-S	I-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST	-ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
				5.4 CITY-S			
CITY-ST-ZIP			De:	6.1 TITLE	-217		Change Addition
TITLE			DELETE				Change [] Addition
NAME				6.2 NAME			
STREET ADDRESS				6.9 STREET	į.		
CITY-ST-ZIP				6.4 CITY-S	-ZIP		

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 ennual report or supplemental should 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 trustate 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 one enablishment with an address.

9-14-91

954-356-0450