

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

FILED

Feb 07 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50030

(8)

1. Corporation Name

LANCE ARRINGTON ASSOCIATES, INC.

Principal Place of Business

1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789-4878
US

Mailing Address

1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789-4878
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

03/26/1996

4. FEI Number

59-3135689

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ARRINGTON, LANCE
1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789

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 607.0502 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCS
NAME ARRINGTON, LANCE
STREET ADDRESS 1245 W FAIRBANKS AVE
CITY- ST- ZIP WINTER PARK FL

DELETE

TITLE DT
NAME ARRINGTON, CAROL
STREET ADDRESS 1245 W FAIRBANKS AVE
CITY- ST- ZIP WINTER PARK FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVPSPD Arrington, Lance
1.2 NAME
1.3 STREET ADDRESS 1245 1245 W. Fairbanks Avenue, Ste. 200
1.4 CITY- ST- ZIP Winter Park, FL 32789-4878

Change Addition

2.1 TITLE T
2.2 NAME Arrington, Carol B.
2.3 STREET ADDRESS 1245 W. Fairbanks Avenue, Ste. 200
2.4 CITY- ST- ZIP Winter Park, FL 32789-4878

Change Addition

3.1 TITLE Ast. S
3.2 NAME Stewart, Dennis I.
3.3 STREET ADDRESS 1245 W. Fairbanks Avenue, Ste. 200
3.4 CITY- ST- ZIP Winter Park, FL 32789-4878

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LANCE H. ARRINGTON (407) 647-5516

CR2E034 (9/96)