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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58096

(1)

L.A.C.C., INC.

FILED					
Jan 21 1998 8:00am					
Secretary of State					

L					
Principal Plac	e of Business	Mailing Address			
		1525 S ANDREWS AVE			
SUITE 213 FT. LAUDERDALE FL 33316		#213 FORT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE	
US	ALE P.C 33316	US	33310	3. Date Incorporated or Qualified	
				08/13/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0352736 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Contificate of Status Decired \$8.75 Additional	
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	Country	Trust Fund Contribution Added to Fees	
Zip	Country	Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 25 Name and Address of Curr	29 ent Registered Agent	30	10. Name and Address of New Registered Agent	
10	VE, MARIE J		81 Name		
	25 S. ANDREWS AVE		82 Street	Address (P.O. Box Number is Not Acceptable)	
1	ITE 213		pr sueer	Address (P.O. box Number is Not Acceptable)	
	LAUDERDALE FL 33316		83		
			84 City	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					
12.	Signature, typed or printed name of registered a	igent and little if applicable (NOT) ND DIRECTORS	E Registered Agent signatur 13.	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP OF TIOL IN	DELETE	1.1 TITLE	Change Addition	
NAME	LOVE, CHARLES A.	_	1.2 NAME	_ , _ ,	
STREET ADDRESS	2518 CAT CAY LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	LOVE, MARIE J.		2.2 NAME		
STREET ADDRESS	2518 CAT CAY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CiTY - ST - ZiP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME		OLECIE	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	

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 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.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

This one of the

1/1/98 (954)525-1830