

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G25935** (9)

1. Corporation Name  
**L & S PROPERTIES MANAGEMENT, INC.**



Principal Place of Business

11744 SR 574  
SEFFNER FL 33884  
US

Mailing Address

10614 BAY HILL CIR.  
THONOTOSASSA FL 33592  
US

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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/01/1983	05/01/1995
4. FEI Number	Applied For / Not Applicable
59-2295982	
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 <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

HALE, LEWIS R.  
10614 BAY HILL CIRCLE  
THONOTOSASSA FL 33592

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City & State
84	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, LEWIS R.	2. NAME	
STREET ADDRESS	10614 BAY HILL CIR.	13. STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	14. CITY-ST-ZIP	
TITLE	VTD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, SARAH I	22. NAME	
STREET ADDRESS	10614 BAY HILL CIR.	23. STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	24. CITY-ST-ZIP	
TITLE	VDS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP M.	32. NAME	
STREET ADDRESS	10614 BAY HILL CIR.	33. STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 119.02(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: *Lewis R Hake* Lewis R Hake  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 813 684 4955  
Date Filed

CR2E034 (12/95)