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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33592-3148 US
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3. Date Incorporated or Qualified 03/01/1983	3a. Date of Last Report 03/29/1996
4. FEI Number 59-2295982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
10619 Bay Hill Cir THONOTOSASSA FL 33592-3148	10619 Bay Hill Cir THONOTOSASSA FL 33592-3148

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Phillip M Hale
82 Street Address (P.O. Box Number is Not Acceptable) 10619 Bay Hill Cir
83
84 City THONOTOSASSA
85 Zip Code FL 33592

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 Phillip M Hale (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, LEWIS R. 10614 BAY HILL CIR. THONOTOSASSA FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HALE, SARAH I 10614 BAY HILL CIR. THONOTOSASSA FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS HALE, PHILLIP M. 10614 BAY HILL CIR. THONOTOSASSA FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D Lewis R Hale 10614 Bay Hill Cir THONOTOSASSA FL 33592	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VTD/DIS Elizabeth A. Hale 10619 Bay Hill Cir THONOTOSASSA FL 33592	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Hale Phillip M P/D 10619 Bay Hill Cir THONOTOSASSA FL 33592	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (9/96)