

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 11:10:05

DOCUMENT # J47402 (9)

1. Corporation Name
L.C. CONSULTANTS, INC.

Principal Place of Business
**4290 NW 55TH DR.
COCONUT CREEK FL 33073
US**

Mailing Address
**4290 NW 55TH DR.
COCONUT CREEK FL 33073
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report
06/21/1994

4. FEI Number
59-2754355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc
22

Suite, Apt. #, etc
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**KAPLAN, LEE
4290 NW 55TH DR.
COCONUT CREEK FL 33073**

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 the if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

6-9-95

12. OFFICERS AND DIRECTORS

TITLE
DP

NAME
KAPLAN, LEE

STREET ADDRESS
3852 COCOPLUM CIRCLE

CITY ST ZIP
COCONUT CREEK FL

TITLE
D

NAME
KAPLAN, CHERYL

STREET ADDRESS
4290 N.W. 55TH DR.

CITY ST ZIP
COCONUT CREEK FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in an attachment with an address.

SIGNATURE:

LEE KAPLAN

6/9/95

305-428-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (System 1/1/95)