

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K54925 (8)**

1. Corporation Name  
**LMR 396 CORP.**



Principal Place of Business: **4226-3 FOWLER ST. P.O. BOX 339 FT. MYERS FL 33902-0339 US**  
Mailing Address: **2040 VIRGINIA AVENUE C/O DANIEL MCGEE P.O. BOX 339 FORT MYERS FL 33901-3313 US**

3. Date Incorporated or Qualified <b>12/23/1988</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>65-0092904</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MCGEE, DANIEL TODD  
2040 VIRGINIA AVE  
FT. MYERS FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 (applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>SD</b>
NAME	<b>LABODA, SHEILA</b>	1.2 NAME	<b>BRUCE LABODA</b>
STREET ADDRESS	<b>2844 VALENCIA WAY</b>	1.3 STREET ADDRESS	<b>2844 VALENCIA WAY</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>FT MYERS FL 33901</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>LABODA, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>2844 VALENCIA WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<b>TD</b>
NAME	<b>MCGEE, DANIEL TODD</b>	3.2 NAME	
STREET ADDRESS	<b>12717 SUMMERWOOD DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	4.1 TITLE	
NAME	<b>ROSS, MATT</b>	4.2 NAME	
STREET ADDRESS	<b>4226 3 FOWLER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 119.07(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 on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fax:

Daytime Phone:

CR2E034 (12/95)