

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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
12/23/1988

3a. Date of Last Report
04/02/1996

4. FEI Number
65-0092904

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 No

2. Principal Place of Business

21 Sulte, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Sulte, Apt. #, etc.

27 City & State

28 Zip Country

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

85 Zip Code

FL

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, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LABOEA, BRUCE	
STREET ADDRESS	2844 VALENCIA WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LABODA, GERALD	
STREET ADDRESS	2844 VALENCIA WAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGEE, DANIEL TODD	
STREET ADDRESS	12717 SUMMERWOOD DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, MATT	
STREET ADDRESS	4226 3 FOWLER ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LABOEA, BRUCE
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 submit 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 asterisk.

SIGNATURE: *[Signature]*

CR2E034 (9/96)