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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K73338

(1)

LOMCO	INVESTORS, INC.						
Principal Place	of Business	Mailing Address				ALDI) OLDIA BADIA DIDIL ALDII OLDII	
3200 PORT ROYALE DRIVE 3200 PORT ROYALE DRIVE							
#1706 #1706 FT. LAUDERDALE FL 33308-7809 FT. LAUDERDALE FL 33308-7807							
FT. LAUDERDALE FL 33308-7809 FT. LAUDERDALE FL 3330			300-1001		3. Date Incorporated or Qualified	3a. Date of Last Report	
					03/16/1989	07/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	·····		4. FEI Number	Applied For	
21		26			65-0114829	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional		
22 City & State		City & State			Fee Required		
23	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip         Country           24         25		Zip Country		·	8. This corporation has liability for intergible tax under s. 199.032,		
		29	30		Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent	
	NDGREN, TORSTEN		81	Name			
	0 PT. ROAYALE DR. N. #1706		82	Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
FT.	LAUDERDALE FL 33308			ļ	,	·	
			83				
			84	City	1	FL 85 Zip Code	
44 Dunwood 6	to the province of Continue 607 0500	and 607 1500 Florida State	uton the shou	nomed sore	poration authority this statement for the sa		
office or re	egistered agent, or both, in the State of	of Florida, Such change was	authorized by	the corporal	poration submits this statement for the pi lion's board of directors. I hereby accep	t the appointment as registered	
•	m lamiliar with, and accept the obligat	ions of, Section 607.0505, F	-iorida Statute	<b>S</b> .			
SIGNATURE .	Stguature, typied or printed name of registered agent	and lifte if applicable (NC	OTE: Registered Ag	ent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D DELETE		1.1 TITLE			Change Addition	
NAME	RUNDGREN, TORSTEN		1.2 NAME				
STREET ADDRESS	3200 PORT ROYALE DR,1706 FT. LAUDERDALE FL		1.3 STREET	ADDRESS		1	
CITY-ST-7IF	PI. LAUDERDALE PL.		1.4 CITY - S	ST-ZIP		Change Addition	
TITLE NAME			21 TITLE 22 NAME	İ		C Cusufe C vocitors	
STREET ADDRESS			23 STREET	ADDRESS		•	
CITY - ST - ZIP			2 4 CITY-		.™e		
10.6		☐ DELETE	3 1 TITLE	31-24		Change Addition	
NAMÉ			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
Crity - ST - ZrP			3.4. CITY-	ST-ZIP			
MLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME:			4. 2 NAME	1			
STHEET ADDRESS				ADDRESS			
CHY-ST-ZIP TITLE		DELETE	4.4 City-5 5.1 Title	ST-ZIP	······································	Change Addition	
ſ		C. Veteri	5.2 NAME	İ			
NAME STREET ADDRESS				ADDRESS			
CITY: ST-ZIF			5.4 CITY - 5				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CITY-ST-Z#			6.4 CITY-5				
14. I do heret informatio I am an of appears in	by certify that the information supplied in indicated on this amoual report or su fifteer or director of the corporation or t in Block 12 or Block 13 inchanged, or	with this filling does not qua ipplemental annual report is he receiver or trustee empo on apattachment with an	alify for the exe true and acc owered to exer odress.	emption stated urate and that oute this repo-	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	<ul> <li>I further certify that the I effect as if made under oath; tha tatutes; and that my name</li> </ul>	