

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070666 (1)**

1. Corporation Name
L.S.R.M., INC.

Principal Place of Business
**746 AZALEA LN
VERO BEACH FL 32963**

Mailing Address
**746 AZALEA LN
VERO BEACH FL 32963**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1993	3a. Date of Last Report 05/01/1994
4. FID Number 65-0454695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Ordered <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
7. This corporation has liability for intangible tax under Chapter 193, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent FOSTER, LESLIE S 746 AZALEA LN VERO BEACH FL 32963				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 607.050 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. A resolution of the board of directors was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Section 607.050, Florida Statutes.

SIGNATURE:  (Type) Registered Agent signature required when necessary. (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FOSTER, LESLIE S 746 AZALEA LN VERO BEACH FL 32963	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not entitled to the exemption stated in Sections 119 (2)(126) Florida Statutes. I further certify that the information submitted in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in my own hand. I am an officer or director of the corporation for the period of time represented to describe this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If I am not the registered agent, my name and address

SIGNATURE:  (Type) Registered Agent signature required when necessary. (Date)