

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0117882

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000070666 (1)  
 1. Corporation Name  
 L.S.R.M., INC.



Principal Place of Business: 319 S. GUADALUPE SANTA FE NM 87501  
 Mailing Address: P.O. BOX 642 TESUQUE NW 87574

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 317 S. Guadalupe Suite, Apt. #, etc. 22 City & State 23 Santa Fe, NM 87501 Zip Country 24	2a. Mailing Address 26 P. O. Box 1847 Suite, Apt. #, etc. 27 City & State 28 Santa Fe, NM 87504 Zip Country 29	3. Date Incorporated or Qualified 10/05/1993	4. FEI Number 65-0454895 Applied For Not Applicable	5. Certificate of Status Desired <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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TPD	<input type="checkbox"/> DELETE
NAME	FOSTER, LESLIE S	
STREET ADDRESS	319 S. GUADALUPE	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	COOK, NANCY	
STREET ADDRESS	3213 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leslie Falong	
1.3 STREET ADDRESS	1422 Paseo de Peralta Bldg 1	
1.4 CITY-ST-ZIP	Santa Fe, NM 87501	
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 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 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 to this report.

SIGNATURE *Leslie S Falong*

7-28-98

CR2E034 (5/98)