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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070666

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

Principal Place of Business 317 S GUADALUPE SANTA FE NM 87501 US

Mailing Address P O BOX 1847 SANTA FE NM 87504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1993

2. Principal Place of Business 21 923 Azalea Lane

2a. Mailing Address 26

4. FEI Number 65-0454895

Applied For Not Applicable

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

City & State 23 Vero Beach, FL

City & State 28

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

Zip 24 32963 Country 25

Zip 29 Country 30

8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, LESLIE S 746 AZALEA LN VERO BEACH FL 32963

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P [] DELETE NAME FALONG, LESLIE STREET ADDRESS 1422 PASEO DE PERALTA BLDG 1 CITY-ST-ZIP SANTA FE NM 87501

1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VPSD [] DELETE NAME COOK, NANCY STREET ADDRESS 3213 OCEAN DR. CITY-ST-ZIP VERO BEACH FL 32963

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] 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 with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 Date

561-234-6678 Daytime Phone #

CR2E034 (11/98)