

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
3000 E. UNIVERSITY
TALLAHASSEE, FLORIDA 32309-0001
904-229-3700

APPROVED
AND
FILED
95 APR -7 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058643 (5)**

LHM ENTERPRISES, INC.

Principal Place of Business: **4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216**
Mailing Address: **4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216**

2. Principal Place of Operation: **21 10950-42 San Jose Blvd. Jacksonville, FL 32223**
2a. Mailing Address: **26 4215 Southpoint Blvd. Jacksonville FL 32216**
22. City & State: **27 Jacksonville, FL**
23. City & State: **28 Jacksonville, FL**
24. Zip: **25 32223** 29. City: **30 Jacksonville**

3. Filing Period: **08/09/1994** 3a. Date of Last Report: **n/a**
4. Filing Number: **59-3258766**
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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ANSBACHER, LEWIS 100 NATIONAL FINANCIAL BLDG. 4215 SOUTHPOINT BLVD JACKSONVILLE FL 32216**

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 607.02(1) and 607.15(1)(b), 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 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

FILE	D/P/T
NAME	HECHT, LARRY
STREET ADDRESS	6161 PHILIPS HWY JACKSONVILLE FL 32216
CITY, STATE, ZIP	
FILE	D/W/S
NAME	LEVIN, MICHAEL
STREET ADDRESS	10263 WHISPERING FOREST DRIVE JACKSONVILLE FL 32257
CITY, STATE, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

14. I, the undersigned, certify that the information supplied with this filing is correctly furnished and stated legally for the compliance stated in Sections 607.02(1)(b), Florida Statutes. I further certify that this information is submitted on the annual report or supplemental annual report or that such information and that my signature shall have the same legal effect as if made under oath. That I am an officer or director for said corporation or the registered agent or authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is authorized to do so with an address.

SIGNATURE: *Michael Levin* Michael Levin
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONS OFFICE IN CHARGE

2/28/96 904-260-9299