

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LINDA B. MURPHY
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 MAY 11 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091847 (1)**

LLCM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6440 N.W. 58TH TERRACE PARKLAND FL 33067
Mailing Address: 6440 N.W. 58TH TERRACE PARKLAND FL 33067

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report

2. Principal Place of Business: 21
2b. Mailing Address: 26

4. FFI Number: 65-0551928
Applied For: Not Applicable

22. State Apt. # etc.: 27

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

23. City & State: 28

6. Election Campaigns: \$5.00 May Be Added to Fees

24. Zip: 25
29. Country: 30

8. This corporation has liability for intangible tax under S. 199.11(1)(g) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRIZIO, LINDA L
6440 N.W. 58TH TERRACE
PARKLAND FL 33067

B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.15(2), 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 607.01(2)(c), Florida Statutes.

SIGNATURE

(By the registered agent or by the corporation)

(By the registered agent or by the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ALTERNATE OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRIZIO, LINDA L
STREET ADDRESS	6440 N.W. 58TH TERRACE
CITY, ST, ZIP	PARKLAND FL 33067
TITLE	VD
NAME	MIRIZIO, ROBERT L
STREET ADDRESS	6440 N.W. 58TH TERRACE
CITY, ST, ZIP	PARKLAND FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(1)(b), 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. 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 I am not an attachment with an address.

SIGNATURE: *Linda L. Mirizio* LINDA L. MIRIZIO 5/3/95 305-752-6906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR