**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000081448**1. Corporation Name

LDA BUSINESS SERVICES, INC.

Principal Place of Business Mailing Address						1 (84)(44) (12)	19191 11211 211	2,20	
3613 MARCO DRIVE 3613 MARCO DRIVE									
TAMPA FL 33614-2746 TAMPA FL 33614-2746						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/23/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	_ ⊢-	Applied For	
21 26						59-3343299	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. 27						5. Certifcate of Status Desired	r ee required		
City & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Int			
24 25 29			30	Personal Property Tax.   Set Yes □ No  10. Name and Address of New Registered Agent			□No		
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
ANTON, LEONARD						(C. C. D. M. L. T. Not. Acceptable)			
3613 MARCO DRIVE			'	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33614		1	83					
			-	84	City		85 <sub>2</sub> Zi	p Code	
						<u> </u>	123	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the about test the test and the test an	ove- by tl	-named cor he corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	cnanging intment as	registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statut	tes	7.0 00.p.			Ť	
SIGNATURE									
	Signature, typed or printed name of registered a	<u> </u>		\gent	signature requir	red when reinstating) DATE	ID DIDEO	TODE IN 12	
12.		AND DIRECTORS	13.	_	<del></del>	ADDITIONS/CHANGES TO OFFICERS AF	Chang		
TITLE	PD	☐ DELETE	1.1 TITL					e 🗆 Addition	
NAME	ANTON, LEONARD		1 2 NAM						
STREET ADDRESS	COTO INTERIOR DIVILE			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP			- Chons	je 🗍 Addition	
TITLE	110		2.1 TITL	2.1 TITLE		·	Chang	e Addition	
NAME	ANTON, DIANA F		2.2 NAM	2.2 NAME				•	
STREET ADDRESS	ADDRESS 3613 MARCO DR		2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614		2. 4 CIT	Y-ST	i-ZIP				
TITLE	☐ DELETE 3.1		3.1 TITL	E.			Chang	je 🗌 Addition	
NAME			3.2 NAM	ИE					
STREET ADDRESS			3.3 STR	REET	ADDRESS			į	
CITY-ST-ZIP			34 CIT	Y-ST	î-ZIP		· ·	,	
TITLE		☐ DELETE	4.1 TITL	.E			Chang	e [] Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET,	ADORESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITL	.E			Chang	ge Addition	
NAME			5.2 NAM	ИE					
STREET ADDRESS			5.3 STR	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT					1	
TITLE		☐ DELETE	6.1 TITL				Chang	je 🔲 Addition	
NAME			6.2 NAM	ΜE					

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 supplements 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 or Block 13 or Block 14 or Block 14 or Block 15 or Block 15

6.3 STREET AODRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Feb 18, 1999 8:00 am Secretary of State

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