

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jun 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # P9600023312 (7)**

1. Corporation Name:  
**LSC INSURANCE AGENCY II, INC.**



Principal Place of Business  
~~9000 SHERIDAN ST.~~  
~~SUITE 100~~  
~~PEMBROKE PINES FL 33024~~

Mailing Address  
~~9000 SHERIDAN ST.~~  
~~SUITE 100~~  
~~PEMBROKE PINES FL 33024~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **7320 GRIFFIN RD**  
Suits, Apt. #, etc.  
22 **#102**  
City & State  
23 **DAVIE, FL.**  
Zip  
24 **33314** Country  
25 **USA**

2a. Mailing Address  
26 **7320 GRIFFIN RD**  
Suite, Apt. #, etc.  
27 **#102**  
City & State  
28 **DAVIE, FL.**  
Zip  
29 **33314** Country  
30 **USA**

3. Date Incorporated or Qualified  
**03/14/1996**

4. FEI Number  
**65-0654582** Applied For  
Not Applicable

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MEIRA-CARVER, MARIA**  
~~9000 SHERIDAN ST.~~  
~~SUITE 100~~  
~~PEMBROKE PINES FL 33024~~

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7320 GRIFFIN RD #102**  
83  
84 City **DAVIE** FL 85 Zip Code **33314**

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 \_\_\_\_\_ (607) Registered Agent signature required when re-issuing. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D COLLINS, LAWRENCE S** PRESIDENT  
STREET ADDRESS **5080 S.W. 145TH AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 3**

TITLE  DELETE  
NAME ~~**MEIRA-CARVER, MARIA**~~  
STREET ADDRESS ~~**5180 SW 28 TERR.**~~  
CITY-ST-ZIP ~~**COOPER CITY FL**~~

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33330**

2.1 TITLE  Change  Addition  
2.2 NAME **MEIRA-CARVER MARIA** V.PRES.  
2.3 STREET ADDRESS **405 PALM CIRCLE EAST**  
2.4 CITY-ST-ZIP **PEMBROKE PINES, FL. 33024**

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

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

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

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**70000023312**  
**-06/15/98-01030-020**  
**\*\*\*150.00**

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.

SIGNATURE **MARIA MEIRA-CARVER** V.PRESIDENT

CR2E034 (10/97)