

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90200 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023312
 1. Corporation Name
LSC INSURANCE AGENCY II, INC.



Principal Place of Business 7320 RIFFIN ROAD #102 DAVIE FL 33314 US	Mailing Address 7320 RIFFIN ROAD #102 DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7600 W. 20 Ave Suite, Apt. #, etc. 22 214 City & State 23 Hialeah, FL Zip 24 33016	2a. Mailing Address 26 7600 W. 20 Ave Suite, Apt. #, etc. 27 214 City & State 28 HIALEAH, FL Zip 29 33016	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 03/14/1996	4. FEI Number 65-0654582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MEIRA-CARVER, MARIA
 7320 RIFFIN ROAD
 #102
 DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name MEIRA-CARVER, MARIA
82 Street Address (P.O. Box Number is Not Acceptable) 7600 W. 20 Ave
83 # 214
84 City HIALEAH
85 Zip Code FL 33016

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 Maria Meira-Carver MARIA MEIRA-CARVER 2/9/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLLINS, LAWRENCE S	
STREET ADDRESS	5060 S.W. 145TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEIRA-CARVER, MARIA	
STREET ADDRESS	405 PLAM CIRCLE EAST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7600 W. 20 Ave 8313 N.W. 142 ST
2.4 CITY-ST-ZIP	MIDMI LAKES, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria Meira-Carver 2/9/99 305-828-5402
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)