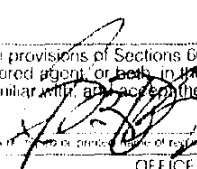
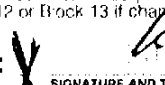


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K96337 (6) N/C 4/8/97					
1. Corporation Name LMI OF BREVARD COUNTY, INC. THE GIFIC CORPORATION					
Principal Place of Business 405 ATLANTIC STREET MELBOURNE BEACH FL 32851 US			Mailing Address 405 ATLANTIC STREET MELBOURNE BEACH FL 32851-2009 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/25/1996	
22 City & State		27 City & State		4. FEI Number 59-2989195	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MITCHELL, BRUCE A 1825 SO. RIVERVIEW DRIVE MELBOURNE FL 32901			10. Name and Address of New Registered Agent 81 Name James M. O'Brien 82 Street Address (P.O. Box Number is Not Acceptable) 1686 W. Hibiscus Blvd 83 84 City Melbourne FL 85 Zip Code 32901		
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:  DATE: 4/8/97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
D LESSER, MICHAEL F. 830 S. HARBOR CITY BLVD. MELBOURNE FL			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
ST LESSER, JENNIE 405 ATLANTIC ST MELBOURNE BCH FL			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
☐ DELETE			☐ Change ☐ Addition		
14. I do 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:  DATE: 4/4/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)

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