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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

**FILED** May 12 1997 8:00am Secretary of State

	Μį	Γ#	43	375	500

L.S.A., INC.

Principal Place of Business	Mailing Address
949 SAN MARCO ROAD	949 SAN MARCO

MARCO ISLAND FL 33937

11.

CITY-ST-DP

STREET ADDRESS

C:TY - ST - ZIP

ROAD MARCO ISLAND FL 34145-4501

US		US							
					<ol> <li>Date Incorporated or Qualified 10/04/1973</li> </ol>	3a. Date of L 05/01/19		port	
	lace of Business	2a. Mailing Address	·······················	*************	4. FEI Number	L	App	lied For	1
1 245	San Marco Rd.	26 - Same a	35 '	2	59-1448932	Γ	Not	Applicable	]
Šuite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Ac	dditional Juired	
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 N dded to		
- 7m 24 34 14:	Country /	Zip 29	Cour	try	8. This corporation has liability for i	ntangible tax un Yes \( \square\) No	ider s.	199.032,	
	9. Name and Address of Current F		1		10. Name and Address of New Re	gistered Agent			1
SPIC	CER, LEONARD			81 Name					1
	SAN MARCO ROAD		-	B2 Street A	Address (P.O. Box Number is Not Acceptab	la)			┨
- MAF	CO ISLAND FL 33937		]	124	5 San Marco Road	)			
			Ī	33	<del> </del>				1
			-			1.21	-5		ļ
			1	Mar	co Tsland	FL  85	Zip Ci		
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 a registered agent, or both, in the State of rm familiar with, put accept the oblighto	rid 607.1508, Florida Statut Florida: Such change was a ns of, Sector 607.0505, Fk	es, the ab authorized orida Statu	ove-named	corporation submits this statement for the p location's board of directors. I hereby accep-	urpose of changot the appointme	ging its ant as r	registered egistered	
SIGNATURE	Demand	Seen							
	Signature, typical or printed name of registered agent a			Agent signature	required when reinstating)	DATE	***************************************		
12.	OFFICERS AND D		13.	····	ADDITIONS/CHANGES TO OFFIC				96/6
Tiflé	PD	[_] DELETE	1.8 1010	_		☐ Ch	ange	Addition	
NAME	LUNDSTROM, BOB L.		1.2 NA	AE					E034
STREET ADDRESS	2335 PINEHURST CIRCLE		1.3 STF	EET ADDRESS					Ĭμ
CiTY - ST - ZIP	NAPLES FL			/-ST-ZIP				<u> </u>	ĮΫ
TITLE	VS	☐ DELETE	2.1 TIT	ŀ	÷	<b>J≥</b> Ch	ange	Addition	١٢
NAVE	SPICER, LEONARD		2.2 NA		mus Es Marca RO.				
STREEL ADDRESS	-040 SAN MARCO ROAD		2.3 STF	EET ADDRESS	1242 290 Luarco Los.				İ
CITY - ST - ZIP	MARCO ISLAND FL	·	2.4 CI	Y-ST-ZIP	1245 San Marco Rd. Marco Island FC:	<u> </u>			]
THUE		☐ DELETE	31111	.E	,	L_ Ch	nange	Addition	
NAME			3.2 NA	Æ					
STHEFT ADDRESS			3.3 STF	EET ADDRESS					
C TY-ST-ZIP				Y-ST-ZIP					1
THLE		☐ DELETE	4.1 TIT)			Ch	ange	Addition	İ
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	EET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP					1
THLE		☐ DELEJE	5.1 111	E		☐ Ch	iange\	Addition	
NAME			5.2 NAI	Æ		<b>^</b>	Z\	1	
STREET ADDRESS			5.3 SYP	EET ADDRESS		( 1/2)	<b>&gt;</b> \	1	

-05/22/97--01021--007 \*\*\*495.00 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6 4 CITY-ST-ZIP

DELETE

00002187697

Daytime Prione #