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FILED

**May 12 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 # 437500 (2)

1. Corporation Name
L.S.A., INC.



Principal Place of Business: **949 SAN MARCO ROAD MARCO ISLAND FL 33937 US**
Mailing Address: **949 SAN MARCO ROAD MARCO ISLAND FL 34145-4501 US**

3. Date Incorporated or Qualified: **10/04/1973**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **1245 San Marco Rd.**
2a. Mailing Address: **- same as 2. -**

4. FEI Number: **59-1448932**
Applied For: Not Applicable

22. City & State: **Marco Island, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **34145** Country: **Collier**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. City & State: **Marco Island, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPICER, LEONARD
-949 SAN MARCO ROAD
-MARCO ISLAND FL 33937**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1245 San Marco Road**
83
84 City: **Marco Island** FL 85 Zip Code: **34145**

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 I accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: *Leonard Spicer*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **LUNDSTROM, BOB L.**
STREET ADDRESS: **2335 PINEHURST CIRCLE**
CITY-ST-ZIP: **NAPLES FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **VS**
NAME: **SPICER, LEONARD**
STREET ADDRESS: **-949 SAN MARCO ROAD-**
CITY-ST-ZIP: **MARCO ISLAND FL**

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS: **1245 San Marco Rd.**
2.4 CITY-ST-ZIP: **Marco Island, FL 34145**

TITLE: DELETE

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

TITLE: DELETE

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

TITLE: DELETE

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

TITLE: DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS: **700002187697**
6.4 CITY-ST-ZIP: **-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard Spicer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (9/96)