FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(1)

1. Corporation Name

LML INDUSTRIES, INC.

Mailing Address

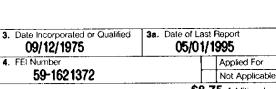
600 WEST 84TH STREET P.O. BOX 4100 HIALEAH FL 33014

2. Principal Place of Business

Principal Place of Business

600 WEST 84TH STREET P.O. BOX 4100 HIALEAH FL 33014

2a. Mailing Address



21]		26				59-1621372		Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip	Country 25	29 29	Zip 3	Country		8. This corporation has liability fo Florida Statutes	r intangible s \[\] No	tax under s 199.032,		
<u> </u>		e and Address of Cu	rrent Registe	red Agent	_\	10. Name and Address of New Registered Agent					
LEVIN, LEWIS M 600 WEST 84 STREET HIALEAH FL 33014							ss (P.O. Box Number is Not Accepta	able)			
İ					84	City		_	. 85 Zip Code		

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	n, and accept the obligations of, Section (607.0505, Florida Statutes					
SIGNATURE _	Ignature, typed or printed name of registered agent and t	de Jacolicable (NO	TE: Registered Agent signature required when re-	nslating) DATE			
12.	OFFICERS AND D				NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1 1 TITLE	☐ Change	Modition		
NAME .	LEVIN, LEWIS M.		1.2 NAME				
STREET ADDRESS	600 WEST 84TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST - ZIP				
ITLE	V	DELETE	2 1 TITLE	☐ Change	Addition		
	LEVIN. BARBARA		2.2 NAME				
OTHER RUDRESS	OUD WEST 84TH ST		2 3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2 4 CITY - ST - ZIP				
INLE	\$	☐ DELETE	3 1 THLE	Change	☐ Addition		
NAME	Levin, Barbara		32 NAME				
STREET ADDRESS	600 WEST 84TH ST		3 3. STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL	_	3.4 CITY-ST-ZIP				
TITLE		□ DELETE	4. 1 TITLE	Change	Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
DITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5 1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-\$1-2IP				
TITLE		DELETE	6 1 TITLE	Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual peport 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 dyanged, or or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF A OGNING OFFICER OR DIRECTOR

CR2E034 (12/95)