

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 629685 (9)

1. Corporation Name

L & M EQUITIES, INC.

Principal Place of Business

C/O CL PROPERTIES, INC.  
400 E. SOUTH STREET, SUITE 500  
ORLANDO FL 32801

Mailing Address

C/O CL PROPERTIES, INC.  
400 E. SOUTH STREET, SUITE 500  
ORLANDO FL 32801



3. Date Incorporated or Qualified  
07/16/1979

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

21 C/O FIRST CAPITAL PROP.

2a. Mailing Address

26 C/O FIRST CAPITAL

Suite, Apt. #, etc.

22 400 E. SOUTH ST. #201

Suite, Apt. #, etc.

27 400 E. SOUTH ST. #201

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32801

Country

25 U.S.

Zip

29 32801

Country

30 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

BIRDIE, MEZ R  
CNL PROPERTIES, INC.  
400 E. SOUTH ST., STE 500  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name FIRST CAPITAL PROPERTY GROUP  
82 Street Address (P.O. Box Number is Not Acceptable)  
400 E. SOUTH ST., ST# 201  
83 ATTN: PENNY A. MCGHEE FORD  
84 City ORLANDO FL 85 Zip Code 32801

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS       | CITY - ST - ZIP          | <input type="checkbox"/> DELETE |
|-------|-----------------------|----------------------|--------------------------|---------------------------------|
|       | STD<br>FOUND, MILDRED | 1285 JAMESTOWN DRIVE | DAYTONA BEACH FL         | <input type="checkbox"/>        |
|       | PD<br>FOUND, DAVID L  | 1285 JAMESTOWN DRIVE | DAYTONA BEACH FL         | <input type="checkbox"/>        |
|       | VD<br>FOUND, KEN      | 189 KENT ST W        | LINDSAY ONTARIO, CANADA  | <input type="checkbox"/>        |
|       | D<br>ENQUIST, GWEN    | 7214 ABBOTSFORD ST   | POWELL RIVER B.C. CANADA | <input type="checkbox"/>        |
|       | V<br>FOUND, GISELE    | 1285 JAMESTOWN DRIVE | DAYTONA BEACH FL         | <input type="checkbox"/>        |
|       |                       |                      |                          | <input type="checkbox"/>        |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (407) 872-0209

CR2E034 (12/95)