PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

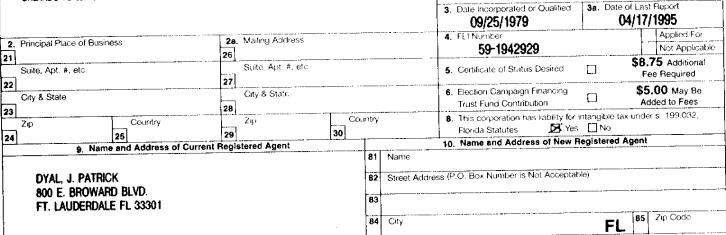
638278

(2)

LTM, INC.

Principal Place of Business	Mailing Address

9001 HAYWOOD COURT ORLANDO FL 32825 9001 HAYWOOD COURT ORLANDO FL 32825



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	NATURE: Signature is paid or printed nation of regulated agend and the diagram and it for		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IIILE	PD	☐ DELETE	1 1 TOLE	Change Addition
NAME	COURINGTON, LEE E.		1.2 NAME	
STREET ADDRESS	9001 HAYWOOD CT		13 STHEE! ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	Change Addition
TITLE	Vī	☐ DELETE	2 1 TITLE	Change Addition
NAME	COURINGTON, MARK LEE		2.2 NAME	
STREET ADDRESS	700 S.E. 6 CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4.C(1.Y - S1 - Z1P	Charge Addition
TITLE	VS	DELETE	3 1 1:TLE	Change Addition
NAME	COURINGTON, TED ALAN		3.2 NAME	
STREET ADDRESS	2117 NE 14TH AVENUE #1		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		3 4 CITY - S1 - ZIF	☐ Change ☐ Addition
TITLE		☐ DETEIE	4 1 T TLF	Charige Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - ST - ZiF	☐ Charge ☐ Addition
TITLE		DELETE	5 1 TILE	☐ Cuta de ☐ vocacou
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Change Addition
TITLE		DELETE	6 1 THTLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City - ST - ZiP			6 4 CITY - ST - ZIP	6- No acception stated in Section 119 07/3/k) Floring Statutes, Lfurther

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

126/96 407-577-77-99

CR2E034 (12/95)