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Mar 06 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 # 638278 (2)  
1. Corporation Name  
LTM, INC.

Principal Place of Business Mailing Address  
8001 HAYWOOD COURT 8001 HAYWOOD COURT  
ORLANDO FL 32825 ORLANDO FL 32825-8079



3. Date Incorporated or Qualified 09/25/1979 3a. Date of Last Report 06/03/1996

4. FEI Number 59-1842929 Applied For Not Applicable

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYAL, J. PATRICK  
800 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of officer or principal who is the 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 COURINGTON, LEE E.  
STREET ADDRESS 9001 HAYWOOD CT  
CITY - ST - ZIP ORLANDO FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE VT  
NAME COURINGTON, MARK LEE  
STREET ADDRESS 700 S.E. 8 CT.  
CITY - ST - ZIP FT. LAUDERDALE FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE VS  
NAME COURINGTON, TED ALAN  
STREET ADDRESS 2117 NE 14TH AVENUE #1  
CITY - ST - ZIP FT. LAUDERDALE FL

31 TITLE  
32 NAME  
33 STREET ADDRESS 1314 TARGO DR.  
34 CITY - ST - ZIP MELBOURNE, FL. 32940

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date

407-521-7299

Daytime Phone #

CR2E034 (9/96)