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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. | Corporation HARBO | Name | # 67796 LVAC, INC. | ь | (4) | | | | | 1 1 0 0140 0740 2004 10 | lia lalja lii | IR BIJI BIHI) | Endel Brahl Bu | th Badal B | |
|--|---|--------------------------------------|---|--|---------------------|-------|----------------|-------------------|----------|--|---------------|---------------|--------------------------------|-------------------------|--|
| Pr | incipal Place o | of Business | | | | | | | | | | | | | |
| 6604 US HWY 19 NEW PORT RICHEY FL 34652 US | | | Mading Address 6604 US HWY 19 NEW PORT RICHEY FL 34652 US | | | | | | | | | | | | |
| | | | | • | | | | | 3. | Date Incorporated or 07/09/1980 | Qualified | | te of Last 05/01/1 | | |
| 2. | Principal Plac | ce of Busines | s | 2a. Mailın | g Address | | | | 4. | FEI Number | | | | Applied | d For |
| 21 | | | | 26 | - 1 | | | | | | | | | plicable | |
| 22 | Suite, Apt # | t, etc. | | h1 | Suite, Apt. #, etc. | | | | 5. | Certificate of Status D | esired | | | 5 Addi Requir | |
| | City & State | | | | City & State | | | | 6. | . Election Campaign Fir | nancing | | | 00 May | |
| 23 | | | | 28 | | | | | | Trust Fund Contribution | _ | | | ed to F | |
| 20 | Zip | Country 29 | | | Zip Cou | | | | 8. | 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ✓ Yes No | | | | | |
| 24 | | | ol Address of Curren | [29] t Registered | Anent | 30 | ٠- ۲ | | | Florida Statutes Name and Address | | | d Agent | | |
| | 7855 RIV | RICHARD I VERDALE D ORT RICHEY | R | | | | 81 82 83 | Name Street Ad | dress (P | 2.0. Box Number is Not | Acceptal | ole) | | | |
| | NEW FO | MI NONE | FL 34003 | | | | 84 | City | * . *** | | | F | 85 2 | 'ip Code | э |
| SI | or registere familiar with GNATURE. | ed agent, or bin, and accept | oth, in the State of Florid the obligations of, Soci- prilish name of registered upon | ia Such chang on 607.0505, I asktoriac chare | Richa | no 15 | - | | 7 | Pres | | ontment a | | d agent | anı |
| 12 | | | OFFICERS ANS | DIRECTORS | | 13. | | | | ADDITIONS/CHANGE | S TO OFF | ICERS AN | ID DIRECT | ORS IN | 12 |
| זוד | ı F | SD | | | DELETE | 1.17 | l'LE | | | | | | Change | | Addit on |
| NA | ME | | ERG, PAULA | | | 1 2 N | AME | | | | | | | | |
| | REET ADDRESS | | ERDALE DR | | | 135 | IREET | ADDRESS | | | | | | | |
| | Y - S.Y - ZIP | | RT RICHEY FL | | | | ITY-S | I - ZiP | | | | | | | |
| TIT | | PD EM/EDT | DICHADO N | | □ DELETE | 2 1 7 | | | | | | | ☐ Change | L.J - | Addition |
| | ME REET ADDRESS | | richard K Ærdale or | | | 22 N | | ADDRESS | | | | | | | |
| l | Y - ST - ZIP | | RT RICHEY FL | | | | INEET ITY-S | | | | | | | | |
| 717 | | | THE THOUSENIE | | DELETE | 3 1 7 | | 1 - 2 | | A17 | | | Change | | Addition |
| NA. | | | | | _ | 32 N | | 1 | | | | | | | |
| ST | REET ADDRESS | | | | | | | ADDRESS | | | | | | | |
| Cit | Y-ST-ZIP | | | | | 340 | ıTY-S | 1 - ZiP | | | | | | | |
| TI. | ιf | | | | DELFTE | 4 1 1 | ITLE | | | | | | Change | | Addit:on |
| NA | ME | | | | | 4 2 N | AME | | | | | | | | |
| ST | REET ADDRESS | | | | | 4 3 S | TREET | ADDRESS | | | | | | | |
| | Y-ST-ZIP | | | | | | ITY - S | r · ZiP | | | | | | | |
| 717 | | | | | DELFIE | 5.17 | | 1 | | | | | □ Change | | Addition |
| NA | | | | | | 52 N | | | | | | | | | |
| ST | REET ADDRESS | | | | | 53\$ | IREET | ADDRESS | | | | | | | |

14. I do hereby certify that the information supplied with this filling 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 suppliemental 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

5.4 C(TY - ST - Z(P)

6 1 THEF

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE: _

C:TY - ST - Z:P

STREET ADDRESS

TITLE

NAME

DYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

4/27/96

☐ Change

Addition

8/3 8 4 9 86 6 3