## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802021

(6)

LMI INSURANCE COMPANY

## FILED Apr 08 1997 8:00am Secretary of State

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| Principal Plac                                     | e of Bes ness                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                     | lailing Address                                        |            |                                             |                    | #                                                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|------------|---------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4011 WESTCH/<br>P.O. BOX 969<br>RALEIGH NC 2<br>US |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ρ.                                    | D BOX 27257<br>O. BOX 969<br>ALEIGH NC 27611-7257<br>S |            |                                             |                    | Date Incorporated or Qualified                                                                                                                                      |
| 00                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                     | •                                                      |            |                                             |                    | 10/27/1924 05/01/1996                                                                                                                                               |
| 2. Principal P                                     | face of Busine                          | 355                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28                                    | . Mailing Address                                      |            |                                             |                    | 4. FEI Number Applied For                                                                                                                                           |
| 21 1000                                            | LENOX D                                 | RIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26                                    | P.O. BOX 64                                            | 26         |                                             |                    | 34-0368340 Not Applicab                                                                                                                                             |
| Suite Apt                                          | # etc                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | Suite, Apt. #, etc.                                    | ·          |                                             |                    | 5. Certificate of Status Desired S8.75 Additional                                                                                                                   |
| 22                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                    |                                                        |            |                                             |                    | ree Hequired                                                                                                                                                        |
| City & Stat                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ,                                    | City & State                                           |            | _                                           |                    | 6. Election Campaign Financing \$5.00 May Be                                                                                                                        |
| 23 LAWRE                                           | NCEATTT                                 | Market and an April 11 and a second a second and a second | 28                                    | LAWRENCEVII                                            |            |                                             |                    | Trust Fund Contribution Added to Fees                                                                                                                               |
| // // // // // // //<br>፲፮ በ <b>ያ</b> ለለዩ          | -0426                                   | Country<br>25 MERCER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | Zip<br>08648-0426                                      | <u>+</u> ¬ | Count                                       | y<br>RCER          | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes                                                                              |
| 24 08048                                           | L2                                      | NEKCEK  and Address of Currer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                        | 30         | PIC.                                        | CER                | R Florida Statutes LI Yes LI No  10. Name and Address of New Registered Agent                                                                                       |
|                                                    | 77                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | atoliu Agom                                            |            | - 18                                        | Nam                |                                                                                                                                                                     |
|                                                    |                                         | MMISSIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                        |            | L                                           |                    |                                                                                                                                                                     |
|                                                    | ATOL BLDG                               | TL 00004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                        |            | B                                           | 2 Strei            | reet Address (P.O. Box Number is Not Acceptable)                                                                                                                    |
| IAL                                                | LAHASSEE I                              | re 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                        |            | B                                           | 3                  |                                                                                                                                                                     |
|                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        |            |                                             |                    |                                                                                                                                                                     |
|                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        |            | 8                                           | City               | ty FL 85 Zip Code                                                                                                                                                   |
| office or r                                        | reasterea aqu                           | int, or both, in the State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of Flori                              | ida. Such change was                                   | autho      | rized I                                     | ov the o           | med corporation submits this statement for the purpose of changing its registere<br>corporation's board of directors. I hereby accept the appointment as registered |
|                                                    | un lamiliar vit                         | h, and accept the oblig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ations c                              | of, Section 607.0505, F                                | lorida     | Statut                                      | <b>3</b> \$.       |                                                                                                                                                                     |
| SIGNATURE                                          | Projekto dyposto                        | spectors cover of registered age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>ent and tita                      | e Lapydicable (NC                                      | DIE: Flogi | istered A                                   | gent signal        | nature required when re-installing) DATE                                                                                                                            |
| 12.                                                |                                         | OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D DIRE                                | CTORS                                                  | T          | 13.                                         |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                   |
| MLE                                                | DV                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | DELETE                                                 |            | 1.1 THILE                                   |                    | V X Change Addition                                                                                                                                                 |
| NAME                                               | GREEBER                                 | g, stephen j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                        |            | 1.2 NAMI                                    |                    |                                                                                                                                                                     |
| STREET ADDRESS.                                    | <i>}</i>                                | GHLAND AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                        |            | 1.3 STRE                                    | 1 ADDRES           | 1000 2211011 211-12                                                                                                                                                 |
| COLV. \$1 - 70F                                    | MERION F                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                        |            | 1.4 CITY                                    | ST-ZIP             |                                                                                                                                                                     |
| 70147                                              | DV                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | DELETE                                                 | - 1        | 2 1 TITLE                                   |                    | V X Change Addition                                                                                                                                                 |
| KAME                                               |                                         | use, stephen L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                        | - 1        | 2.2 NAMI                                    |                    |                                                                                                                                                                     |
| SPREET ADDRESS.                                    | 220 MART                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        | 1          | 2.3 S1RE                                    | 1 ADDRES           | 11000 DEMON DISTAN                                                                                                                                                  |
| City St. 7iP                                       | MT LAUR                                 | LNJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | DC: EYE                                                |            |                                             | - ST - ZIP         |                                                                                                                                                                     |
| TITLE                                              | DCS                                     | ALIMEN LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | DELETE                                                 | - 8        | 3.1 TITLE                                   |                    | K Change Addition                                                                                                                                                   |
| NAMI                                               | VIK, ALEX                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        | - 1        | 3 2 NAMI                                    |                    | 1000 7 7707 7777                                                                                                                                                    |
| STREET ADORESS                                     | 10 ASHTO                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        |            |                                             | I ADDRES           |                                                                                                                                                                     |
| City ST Zif                                        | GREENWI<br>DV                           | UN UI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · · · · · · · · · · · · · · · · | <b>★</b> DELETE                                        |            | 3.4. CITY<br>4.1 TITLE                      |                    | LAWRENCEVILLE, NJ 08648-0426                                                                                                                                        |
|                                                    | <i>i</i> = -                            | BRUCE W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | EST DECEM                                              | - 1        | 4.1 IOLG<br>4.2 NAM                         |                    | La Stande La Munic                                                                                                                                                  |
| NAME<br>6100 LABORICO                              |                                         | K CREEK DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                        |            |                                             |                    | ocec                                                                                                                                                                |
| STREET ADORESS                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        |            |                                             | T ADDRES           |                                                                                                                                                                     |
| Offy SLZP<br>THE                                   | YARDLEY<br>DP                           | ΓΛ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | DELETE                                                 |            | 4.4 CITY<br>5.1 TITLE                       |                    | K Change Addition                                                                                                                                                   |
| NAME                                               | VIK, GUSI                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                        |            | 52 NAMI                                     |                    | Y Should                                                                                                                                                            |
|                                                    |                                         | AV M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | <del></del>                                            |            |                                             |                    |                                                                                                                                                                     |
| STREET A SHIRT OF                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <del></del>                                            |            |                                             |                    | ISS 1000 LENOX DRIVE                                                                                                                                                |
| SUBJECT ADDRESS.                                   | 3900 CITY                               | OF OAKS WYND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                        |            | 5 3 STRE                                    | T ADDRES           | 1000 LENOX DRIVE                                                                                                                                                    |
| CHY SI Zer                                         | 3900 CITY<br>RALEIGH                    | OF OAKS WYND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | _                                                      |            | 5 3 STRE<br>5 4 City                        | T ADDRES<br>ST-ZIP | LAWRENCEVILLE, NJ 08648-0426                                                                                                                                        |
| CHY SI Zei<br>Tille                                | 3900 CITY<br>RALEIGH<br>DVT             | OF OAKS WYND<br>NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·····                                 | <b>X</b> DELETE                                        |            | 5 3 STRE<br>5 4 CHY<br>6 1 THEF             | T ADDRES           | LAWRENCEVILLE, NJ 08648-0426 VT Change Addition                                                                                                                     |
| CHY ST Zer<br>THU<br>NAME                          | 3900 CITY<br>RALEIGH<br>DVT<br>BANDISH, | OF OAKS WYND<br>NC<br>DENNIS M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·····                                 | _                                                      |            | 5 3 STRE<br>5 4 CHY<br>6 1 THUE<br>6 2 NAMI | T ADDRES           | LAWRENCEVILLE, NJ 08648-0426  VT                                                                                                                                    |
| CHY SI Zei<br>Dick                                 | 3900 CITY<br>RALEIGH<br>DVT<br>BANDISH, | OF OAKS WYND<br>NC<br>DENNIS M<br>Y RUN DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | _                                                      |            | 5 3 STRE<br>5 4 CHY<br>6 1 THUE<br>6 2 NAMI | ST-ZIP             | LAWRENCEVILLE, NJ 08648-0426  VT                                                                                                                                    |

I do hereby certify that the information supplied with finis filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate on this annual report as 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 convocation 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 18 if manged, or on an allockment with an address.

SIGNATURE

HOW WILLER HOWARD ( MILLER HATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #