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

PROFIT CORPORATION ANNUAL REPORT



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

, 19,96		A STATE OF THE STA	DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT #	F27873	(1)					
L&S I	REALTY, INC.						<b>1186</b> )(() <b>4(8</b> 1) <b>6</b> (8)) A:611	: <b></b>
Principal Place	of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address					
106 ESTRE		.,	106 ESTRELLA RD.					
	WE BCH. FL 32951		MELBOURNE BCH.	FL 32951				
						Date Incorporated or Qualified	3a. Date of Last	Report
·						04/01/1981	05/01/	•
2. Principa! Pla	sce of Business		ı. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	# etc	26	Suite, Apt. #, etc.			59-2073728		Not Applicable
2	,	27	30ite, Apr. #, 6tc.			5. Certificate of Status Desired	1 1	75 Additional o Required
City & State			City & State			6. Election Campaign Financing	\$5	00 May Be
:3		28				Trust Fund Contribution		ded to Fees
Zip	25 Co.	intry	Zip	Cour	ntry	8. This corporation has flability for		s 199.032,
24]		[29] dress of Current Regis	stered Agent	30]		Florida Statutes	No	
			•	<del></del>	81 Name	to. Hame and Address of New Y	ogistored Agent	
ATKINS	s, lillian l				82 Street Add	ress (P.O. Box Number is Not Acceptab	- le)	
106 ES	STRELLA RD.				Street Add	ress (F.O. Box Number is Not Accepted	неј	
MELBO	Durne BCH. FL 3	2951			83			
				ł	84 City		<b>—</b> 85	Zip Code
44 5	4		=			ration submits this statement for the pur ord of directors. I hereby accept the appr		•
SIGNATURE	i, and accept the op	ligations of, Section 607	.0505, Florida Statutes	•	Agent signature require		DATE	:o agent. ram
12.		OFFICERS AND DIREC		13.	- go ii o gi diti o Todoic	ADDITIONS/CHANGES TO OFF		IORS IN 12
TITLE	D		DELETE	1. 1 Tr	TLE		☐ Change	e 🔲 Addition
NAME	BARBARA J			1.2 NA				
STREET ADDRESS	106 ESTRELL MELBOURNE	-			REET ADDRESS			
CITY-ST-ZIP TITLE	MICLEOGRACE	DEAGN FL	[ ] DELETE	2 1 T/I	Y-SI-ZIP		[ ] Change	e 🗍 Addition
NAME				2.2 NA				, D Addition
STREET ADDRESS				2.3 ST	REET ADDRESS			
CHTY-ST-ZIP				2.4 CIT	Y-ST-ZIP			
TITLE			DELETE	3 1 111	LE		☐ Change	Addition
NAME PARTET ARROSCO				3.2 NA				
STREET ADDRESS CHTY-S1-ZIP					REFT ADDRESS			
TITLE			DELETE	4, 1 70	Y-ST-ZIP LE		☐ Change	Addition
NAME			_	4.2 NA			L.J omango	
STREET ADORESS				4 3 STF	REET ADDRESS			•
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP			
UILE			☐ DELETE	5 1 TH			☐ Change	Addition
NAME				: 52 NA	1			
STREET ADDRESS CITY-ST-ZIP					IEET ADDRESS			
IITLE			DELETE	5.4 CIT	Y-ST-ZIP LE		☐ Change	Addition
NAME				6.2 NA			one ide	
STREET ADDRESS				6.3 STF	EET ADDRESS			
CITY-ST-ZIP				6.4 CIT	Y - ST - ZIP	<del></del>		
oath; that I	ine information indica am an officer or dire	areo on tois annual recor	ત or supplemental ann. r the receiver or trustee	ual report is empowere	true and accura	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flo	nama lagal affact on	if example condes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y-26-96 407-676-7725