

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

FILED
May 29 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F31868** (5)
1. Corporation Name
L.C.M., INC.



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| Principal Place of Business 2402 METRO DR. RUSKIN FL 33570 US | Mailing Address P. O. BOX 7500 SUN CITY FL 33586-7500 US |
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| 3. Date Incorporated or Qualified 04/23/1981 | 3a. Date of Last Report 08/05/1996 |
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|---|--|---|---|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 4. FEI Number 59-2092565 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|---|---|---|---|

9. Name and Address of Current Registered Agent

**FABER, RUSSELL C
2402 METRO DR.
RUSKIN FL 33570**

10. Name and Address of New Registered Agent

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|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|------------------------------|
| TITLE | P V | 1.1 TITLE | PVS |
| NAME | FABER, RUSSELL C | 1.2 NAME | |
| STREET ADDRESS | 2402 METRO DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RUSKIN FL | 1.4 CITY-ST-ZIP | |
| TITLE | VS | 2.1 TITLE | |
| NAME | FABER, LINDA | 2.2 NAME | NONE |
| STREET ADDRESS | 2402 METRO DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | RUSKIN FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | 300002543513 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -06/02/98--01019--021 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***165.00 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Russell C Faber* *4/20/98* *813-445-9533*

CR2E034 (9/96)