

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

AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAR -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F33081 (3)

1. Corporation Name

L.C.S. ENTERPRISES, INC.

Principal Place of Business

1642 NW 34 TERR
LAUDERHILL FL 33311
US

Mailing Address

1642 NW 34TERR
LAUDERHILL FL 33311
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1981

3a. Date of Last Report

02/03/1994

4. FEI Number

592101816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

STRAND, STEPHEN R.
1850 SW 84TH AVENUE
33324
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

STRAND, STEPHEN R

82 Street Address (P.O. Box Number is Not Acceptable)

12350 SW 2 Street

83

84 City

Plantation

FL

85 Zip Code

33325

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STRAND, STEPHEN R.
STREET ADDRESS 1850 SW 84 AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD
NAME STRAND, RENO A.
STREET ADDRESS 16401 BLATT BLVD.
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TSD
NAME BOWEN, MICHAEL J.
STREET ADDRESS 8741 SW 21 ST.
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ~~Owner~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PA
1.2 NAME Strand Stephen R
1.3 STREET ADDRESS 12350 SW 2 Street
1.4 CITY-ST-ZIP Plantation FL 33325 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Strand Reno A
2.3 STREET ADDRESS 12350 SW 2 Street
2.4 CITY-ST-ZIP Plantation FL 33325 ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Bowen Michael J
3.3 STREET ADDRESS 8741 SW 21 Street
3.4 CITY-ST-ZIP Plantation FL 33324 ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME
4.3 STREET ADDRESS 16401 Blatt Blvd #105
4.4 CITY-ST-ZIP Ft Laud FL 33325 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Stephen R Strand

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2-27-95

3055828266