

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

05/01/1981

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2101816

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

9. Name and Address of Current Registered Agent

**STRAND, STEPHEN R.
12550 SW 2ND STREET
33324
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

81 Name **BRADLEY R. BENSON**
82 Street Address (P.O. Box Number is Not Acceptable)
180 VIA FIRENZA WAY
83
84 City **DAVIE** 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

BRADLEY R. BENSON

4-2-96

Signature of individual or printed name of registered agent and title if applicable

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRAND, STEPHEN R.	
STREET ADDRESS	12550 SW 2ND STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRAND, RENO A.	
STREET ADDRESS	12550 SW 2ND STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOWEN, MICHAEL J.	
STREET ADDRESS	299 NW 103RD TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENSON, BRADLEY J	
STREET ADDRESS	16401 BLATT BLVD., #105	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRADLEY R BENSON	
1.3 STREET ADDRESS	180 VIA FIRENZA WAY	
1.4 CITY-ST-ZIP	DAVIE, FL	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL J. BOWEN	
2.3 STREET ADDRESS	299 NW 103RD TERR	
2.4 CITY-ST-ZIP	PLANTATION, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY R. BENSON

4-2-96

954-587-8249

Day

Daytime Phone #

CR2E034 (12/95)