## 5-11-98 B 6 9 39 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

L.F.M.C., INC.



FLORIDA DEPARTMENT OF STAGE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F91104

(2)

**FILED** May 11 1998 8:00am Secretary of State

A CRANICA AND PRINCIPANT ALDER AND REAL PROPERTY OF A PROPERTY AND A STORY AND A

Principal Plac	Mailing Address	g Address			t identide titte retet biebe treit mitte gint midte die				
135 S.E. 5TH AVENUE SUITE 9 DELRAY BEACH FL 33483		135 S.E. 5TH AVENUE Suite 9				DO NOT WRITE IN THIS SPACE			
DELRAY BEA	CH FL 33483		DELRAY BEACH FL 33483 US			3. Date Incorporated or Qualified			
03		US				07/19/1982			
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied F	
Suite, Apt. #, etc.		F^1	26			59-2203316	<del>-</del>	Not Applicable	
		Suite, Apt. #, etc.						\$8.75 Additional	
						5. Certificate of Status Desired Fee Requ			
City & Stat	e	City & State				6. Election Campaign Financing	\$5.0	0 May B	
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zφ	Cot	untry		8. This corporation owes or has paid the cu	rrent year I	Intangible	- <del></del>
24	25	29	30					<b>⊠</b> No	
	9. Name and Address of Cur	rent Registered Agent		_		10. Name and Address of New Registered	Agent		
SP	ENCER, JOY			81	Name				
30 CAMDEN LANE LANTANA FL 33462				B2	Street Add	Iress (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL	85 Zip	p Code	
office or r		ate of Horida. Such change was	s authorize	d by		poration submits this statement for the purpose clion's board of directors. I hereby accept the app	of changing		
SIGNATURE	Signature, typed or punted name of registered	accest and the discontinuation. (Miles	D11 : Nameloro	ad Agen	l signaturo regui	red when roinstating) DATE			
12,		AND DIRECTORS	13.	ot After	it and letter requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	<u>-</u>
TITLE	PŜT	DELETE	_	1.1 TITLE			Change		
NAME	SPENCER, JOY		1.2 N	IAME					
STREET ADDRESS	30 CAMDEN LANE		1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP	LANTANA FL		1.4 CITY-		- ZIP				
TITLE	VP	DELETE	2.1 7	file			Change	e Ar	ddilion
NAME	ANDREW, WIGGINS S	/	2.2 N	IAME					
STREET ADDRESS	30 CAMDEM LN		2.3 S	TRÉET A	ADDRESS				
CITY-ST-ZIP	LANTANA FL		2.40	CITY-SI	I - ZIP				
TITLE	.,	DELETE	3.1 1	IILE			☐ Change	: Ac	ddition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 \$	TREET A	ADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-ST	I - ZIP				
TITLE		DELETE	4.1 1/	ITLE			Change	) Ac	ddilion

CITY-ST-ZIP 14. I 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 eath; 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 13 if changed or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-7IP

6.4 CITY - ST - ZIP

44 CITY-ST-ZIP

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z#P

CITY-ST-ZIP

Change

Change

Addition

Addition