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

PROFIT CORPORATION ANNUAL REPORT

1997



DOCUMENT # F93000004546 (8)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED ⁶ 46⁵ Apr 11 1997 8:00am Secretary of State

LDC CONSULTANTS CORPORATION										E INDICINA TICA (ATRA LACK NATUR				
Principal Plac			Mailing Address					D DEMONSTRUCTION OF STATE OF S	· •••	ti Million Melel Memili				
						(. Indianapolis O CA 98705-0341								
											3. Date Incorporated or Qualified		Date of Last Re	eport
										10/08/1993	05	5/14/1996		
2. Principal Place of Business					2a. Mailing Address						4. FEI Number			plied For
A CONTRACTOR OF THE PROPERTY O					Suite, Apt. #, etc.						77-0262827			t Applicable
Suite, Apt. #, etc.					27					5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State					City & State					6. Election Campaign Financing		\$5.00		
23					28						Trust Fund Contribution		Added t	
Zip			ountry		Zip I		_	intry			This corporation has liability for Florida Statutes	intangib] Yes		199.032,
24	0 Nama	25	ddress of Currer	29 nt Regis	stered Agent		30				10. Name and Address of New Re		,	
NRA	AI SERVICES			iii iiogii	stores rigori			81	Name	::	10, 1101110 0110 1101010 01, 11011 110			
526 EAST PARK AVENUE					•			82	Street	Addre	ss (P.O. Box Number is Not Accepta	ole)		
TALLAHASSEE FL 32301					[3			83						
								84	City			F		Code
	to the provis registered ag am familiar w	ions ol jent, oi ith, and	Sections 607 050 both, in the State diaccept the oblig	02 and (e of Flor pations o	507,1508, Flori ida Such char of, Section 607	ida Statutes nge was au .0505, Flori	s, the a ithorize ida Sta	bove d by lutes	e-name the co	d corpo rporatio	vation submits this statement for the points board of directors. I hereby acce	ourpose pt the ap	of changing its ppointment as	s registered registered
SIGNATURE	Signaturi, Typed	Lor printe	ਰ ਨਜ਼ਾ ਦ ਨੀ registered a g	ent and titl	le it applicable.	(NOTE:	Registere	d Age	nt signatu	re required	d when reinstating)	DATE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12.			OFFICERS AN	ID DIRE	CTORS		13.				ADDITIONS/CHANGES TO OFFI	CERS AN	ND DIRECTOR	S IN 12
TITLE	PCD				D	ELETE	1.1 (1	TLE					Change	Addition
NAME	HARRIS,						1.2 N	AME						
STREET ADDRESS					1.33			1.3 STREET ADDRESS						
CITY+S1-ZIP	FRESNO	CA 9	3710						T-ZIP	_	 			
TITLE	WC				L., D	ELETE	2.1 TI						☐ Change	Addition
NAME	HARRIS,						2.2 N							
STREET ADDRESS			NAPOLIS						ADDRESS	ł				
CHY-SI-7IP TITLE	FRESNO	UAB	3/ 10			ELETE	2. 4 C	_	ST-ZIP	 			Change	Addition
NAME	GARCIA,	IEAN	INIC		۰		3.2 N						CT change	L rodition
STREET ADDRESS			NAPOLIS						ADDRESS	1				
CITY-SI-ZIP	FRESNO						1		ST-ZIP					
Title	1112110	V/1 V	<u></u>		D	ELETE	4.1 1		J. LN	·			Change	Addition
NAME							4.21	IAME						
STREET ADDRESS									ADDRESS					
CITY - ST - ZIP							4.4 C	ITY - S	T-ZIP	1				
TUTLE	Ţ					ELETE	5.1 T	TLE					Change	Addition
NAME							5.2 N	AME						
STREET ADDRESS							5.3 S	TREET	ADDRESS					
CITY-SY-ZIP		**********					5.4 C	TY-S	T-21P					
THILE					נ_ן ס	ELETE	6.1 Ti						Change	Addition
NAME							6.2 N							
STREET ADDRESS							6.3 S	TREET	ADDRESS					

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. Forther 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 troplete empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

6.4 CITY - ST - ZIP

SIGNATURE: