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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

F95000005587 (9)

DOCUMENT # 1, Corporation Name L.L.C.X., INC.

FILED May 01 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address P.O. BOX 49000 JACKSONVILLE BEACH FL 32240-9000 P.O. BOX 49000 JACKSONVILLE BEACH FL 32240-9000		I INSTITUTE OUT OF THE ORIGINAL OF THE ORIGINA	(8)14			
SHORDONINE	DE DENOTITE VERY WOO	VACADOWNIECE.	DENOTITE SEEM SOO	Date Incorporated or Qualified 11/15/1995	J 3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address	š	4. FEI Number	Applied For	
21		26		43-1381437	Not Applicable	
Suite, Apt #	, etc	Suite, Apt. #, 6l	to.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28		Trust Fund Contribution	Added to Fees	
Ζφ	Country	Ζφ	Country		or intangible tax under s. 199.032,	
24	25	[29]	30		es 🔲 No	
	g. Name and Address of Curren	t Registered Agent	81 Nar	10. Name and Address of New	Registered Agent	
01101/0	TEAL IO (0000) Lt					
GLICKSTEIN JR, JOSEPH M 444 THIRD STREET		82 Stre	et Address (P.O. Box Number is Not Accept	Address (P.O. Box Number is Not Acceptable)		
	NU STREET NE BEACH FL 32266		83			
HEITO	NE DEACHTE SEEDS		ļ			
			84 City	,	FL 85 Zip Code	
SIGNATURE _	Signatural typod or par led name of registered along OFFICERS ANI	D DIRECTORS	(MO)) – Begistered Agent segma 13.		CAN FFICERS AND DIRECTORS IN 12	
TITLE	S	DELETI	t i tinet		Change Addition	
NAME	SHEA, VINCENT J		1.2 NAME			
STREET ADDRESS	13600 EMERALD COVE COL	JRI	1.3 STREET ADDRE	SS		
CHY-ST-ZIP TITLE	JACKSONVILLE FL D	DELETIC	1.4 G-TY - \$1 - 7/P E 2.1 TITLE		Change Addition	
NAME	LUCIER, RICHARD J	E Section	2 2 NAME			
STREET ACORESS	885 QUEEN'S HARBOUR BI	LVD	2.3 STHELL ANORI	ss		
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CHY - ST - ZIP			
TITLE	D	DELETI	5 1 THE		Change Addition	
NAME	LUCIER, NANCY J	-	3.2 NAME			
STREET ADDRESS	109 CANNON COURT WEST PONTE VEDRA BEACH FL	I	33 STREET ADDR	ESS		
CITY-ST-ZIP TITLE	D PUNIE VEUNA BEAUN FL	DELETI	3.4 C(1) S1 - ZIF 4.1 T(1)		Change Addition	
NAME	EKSTROM, BRUCE K		4.2 NAME			
STREET ADDRESS	107 LINK'S ROAD		4.3 STREET ADDR	ess		
CITY - ST - ZIP	MARTHASVILLE MO		4.4 CITY ST-ZIF			
TILLE		[] DELETI			Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 9 STREET ADDR	:58		
C-TY - ST - Z-F TITLE		DELET	5.4 City S1-7iP E 6.1 TillE		Change Addition	
NAME			6 2 NAMÉ			
STREET ADDRESS			63 STREET ADDR	ess		
C-TY - ST - ZIP			6.4 CiTY - 51 - 2IP			
A A Late because	coatify that the information aurobod	wite this fires is reduct a	by forming and good done cont	a with for the execution stated in Section 1	10 07/3//Li Florida Statutos I further	

For 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 or an attachminat with an address. VINCENTI SHEA

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404 241 1200