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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000002234 (0) **DOCUMENT #**

LCS-IMPERIAL CLUB, INC.

FILED Jul 02 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 800 SECOND AVENUE **800 SECOND AVENUE** DES MOINES IA 50309 DES MOINES IA 50309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 39-1883757 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 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, typind or pointed minim of registered agent and title if applicable (NOTE: Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELFTE 1.1 TITLE Change TITLE THURSTON, STAN G 1.2 NAME NAME **800** SECOND AVENUE STREET ADDRESS 1.3 STREET ADDRESS DES MOINES IA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE HOOVER, STEPHEN J NAME 2.2 NAME **800 SECOND AVENUE** STREET ADDRESS 2 3 STREET ADDRESS DES MOINES IA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE VD 3 1 THILE KENNY, EDWARD R NAME 3.2 NAME **800 SECOND AVENUE** STREET ADDRESS 3.3 STREET ADDRESS DES MOINES IA CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE VD Change Addition TITLE 4.1 THLE HARRISON, MARY J NAME 4 2 NAME 413 NE THIRD STREET STREET ADDRESS 4.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 400002579424 **NEIS.** ARTHUR NAME 5.2 NAME -07/02/98--01073--040 **800 SECOND AVENUE** STREET ADDRESS 5.3 STREET ADDRESS ***150.00 **DES MOINES IA** City-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE 4000025794 -07/02/98--01073--0 69 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***400.00

CITY-ST-ZIP 6.4 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 Statules, I further certify that the information indicated on this annual report or suppliemental minical 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 of the receiver or trusted 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 a vittachment with an address

12.11.48