

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F97000002333 (9)**

1. Corporation Name  
**LCS INDUSTRIES, INC.**

Principal Place of Business  
**120 BRIGHTON RD  
CLIFTON NJ 07012-1694**

Mailing Address  
**120 BRIGHTON RD  
CLIFTON NJ 07012-1694**

APPROVED  
AND  
FILED

98 SEP 15 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/02/1997**

4. FEI Number

**13204833 3**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**200002640582--5  
-09/16/98-01038--001  
\*\*\*\*558 PE \*\*\*\*558.75**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translation)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☒ DELETE  
NAME **SCHEINE, ARNOLD J**  
STREET ADDRESS **1194 HILLSBORO MILE #42**  
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **CVS** ☐ DELETE  
NAME **COHEN, MARVIN**  
STREET ADDRESS **862 BATTEL PLACE**  
CITY-ST-ZIP **ORADELL NJ 07649**

TITLE **D** ☐ DELETE  
NAME **OUZEL, BERNARD**  
STREET ADDRESS **13 SCHOOLHOUSE LANE**  
CITY-ST-ZIP **GREAT NECK NY 11026**

TITLE **D** ☐ DELETE  
NAME **BARBARO, JOSEPH**  
STREET ADDRESS **1140 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **T** ☐ DELETE  
NAME **FRUSTACI, PAT R**  
STREET ADDRESS **120 BRIGHTON RD**  
CITY-ST-ZIP **CLIFTON NJ 07012-1694**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President & CEO** ☒ Change ☐ Addition  
1.2 NAME **PIDIC**  
1.3 STREET ADDRESS **William Rella**  
1.4 CITY-ST-ZIP **13355 SW 15th Court Apt 309  
Pembroke Pines FL 33027**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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]*

*[Signature]*

9/10/98

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