

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90274 050 ***150.00

DOCUMENT # F97000002333

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

13-2648333

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCEO**
RELLA, WILLIAM
STREET ADDRESS **13355 SW 15TH COURT, APT. 309**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ DELETE

NAME **VCVS**
COHEN, MARVIN
STREET ADDRESS **862 BATTLE PLACE**
CITY-ST-ZIP **ORADELL NJ 07649**

TITLE ☒ DELETE

NAME **D**
OUZIEL, BERNARD
STREET ADDRESS **13 SCHOOLHOUSE LANE**
CITY-ST-ZIP **GREAT NECK NY 11026**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **T**
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 ☐ Change ☒ Addition

NAME **D**
Peter Berczi
1.2 STREET ADDRESS **3250 Bloor St. 11th floor**
1.3 CITY-ST-ZIP **Toronto ON M8X2X9**

2.1 TITLE ☐ Change ☒ Addition

NAME **D**
Mark Briggs
2.2 STREET ADDRESS **644 Elliott St**
2.3 CITY-ST-ZIP **Buffalo NY 14203**

3.1 TITLE ☐ Change ☒ Addition

NAME **D**
Thomas P. Dea
3.2 STREET ADDRESS **161 Bay St. 49th floor**
3.3 CITY-ST-ZIP **Toronto ON M5J 251**

4.1 TITLE ☐ Change ☒ Addition

NAME **D**
Thomas O. Harbison
4.2 STREET ADDRESS **8117 Preston Road Suite 205**
4.3 CITY-ST-ZIP **Dallas TX 75225**

5.1 TITLE ☐ Change ☒ Addition

NAME **D**
Seth M. Mersky
5.2 STREET ADDRESS **161 Bay Street 49th floor**
5.3 CITY-ST-ZIP **Toronto ON M5J 251**

6.1 TITLE ☐ Change ☐ Addition

NAME
6.2 STREET ADDRESS
6.3 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)