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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G49351

1. Corporation Name
LM PARK, INC.

Principal Place of Business
10301 N.W. 25TH STREET
MIAMI FL 33172

Mailing Address
4126 NORLAND AVENUE
BURNABY BC V5G-3S8
CA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1983

4. FEI Number

59-2304434

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CASHNER, JEFFREY L**
STREET ADDRESS **801 TEAS RD**
CITY-STATE-ZIP **CONROE TX 77303**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **PAUL WAGLER**
1.3 STREET ADDRESS **4126 NORLAND AVENUE**
1.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

TITLE **ST** ☒ DELETE
NAME **ROLLINGS, GREGORY K**
STREET ADDRESS **681 N AVE**
CITY-STATE-ZIP **JONESBORO GA 30236**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **SEAN M. GILCHRIST**
2.3 STREET ADDRESS **801 TEAS ROAD**
2.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **VP** ☒ DELETE
NAME **MILLER, LAWRENCE**
STREET ADDRESS **3190 TREMONT AVE**
CITY-STATE-ZIP **TREVOSE PA 19053**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **PETER B. GRAY**
3.3 STREET ADDRESS **3190 TREMONT AVENUE**
3.4 CITY-STATE-ZIP **TREVOSE, PA 19053**

TITLE **AS** ☒ DELETE
NAME **HART, PAUL**
STREET ADDRESS **3190 TREMONT AVE**
CITY-STATE-ZIP **TREVOSE PA 19053**

4.1 TITLE **ST** ☐ Change ☒ Addition
4.2 NAME **GEORGE M. AMATO**
4.3 STREET ADDRESS **4145-58TH STREET**
4.4 CITY-STATE-ZIP **WOODSIDE, NY 11377**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE **AS** ☐ Change ☒ Addition
5.2 NAME **JOSEPH T. HARDIMAN**
5.3 STREET ADDRESS **801 TEAS ROAD**
5.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE **DAS** ☐ Change ☒ Addition
6.2 NAME **PETER S. HYNDMAN**
6.3 STREET ADDRESS **4126 NORLAND AVENUE**
6.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #