

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H34713** (8)  
1. Corporation Name  
**LOSS PREVENTION CONSULTANTS, INC.**

Principal Place of Business

**575 NW 118 AVE  
PLANTATION FL 33325  
US**

Mailing Address

**575 NW 118 AVE  
PLANTATION FL 33325  
US**

FILED  
97 SEP 15 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>12/18/1984</b>	3a. Date of Last Report <b>07/01/1996</b>
4. FEI Number <b>59-2483903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEENKEN, GREGORY  
575 NW 118 AVE  
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEENKEN, GREGORY</b>	1.2 NAME	
STREET ADDRESS	<b>575 N.W. 118TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEENKEN, GREGORY</b>	2.2 NAME	
STREET ADDRESS	<b>575 N.W. 18TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

**Gregory M. Beenen**

CR2E034 (4/97)

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**LOSS PREVENTION CONSULTANTS, Inc.**

9715 W. Broward Blvd. #251 \* Plantation, FL. 33325 \* (800) 499-5859

Web Page : [www.icanect.net/lpc](http://www.icanect.net/lpc)

E-mail: [LPC@icanect.net](mailto:LPC@icanect.net)

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern,

I am submitting my 1997 Profit Corporation Annual Report. I realize that the late filing fee is \$550; however, I am requesting that I may be allowed to pay the original fee of \$165 for which the enclosed check is made out for. The reason for my late filing is that ever since I filed for divorce in January of this year, I have not been receiving all of my mail from my soon-to-be ex-wife in a timely manner. I have not been living at my residence and did not receive this mail until recently. My company has been incorporated since 1984 and I have filed every year without fail. I hope you take this into consideration and waive the penalty fee for this year.

Thank You,

A handwritten signature in cursive script, appearing to read 'Gregory M. Beenken', is written over a horizontal line.

Gregory M. Beenken