

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy H. McArthur  
Governor of Florida  
Tallahassee, Florida 32399-0001

APPROVED  
FILED

DOCUMENT # H62905

(5)

L. & G. MERCHANDISE SOUTH, INC.

25 MAY - 1 11 00 37

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(IF NOT APPLICABLE, THIS SPACE)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  |                                                          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------------------------|--|--|--|
| 1. Principal Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2a. Mailing Address                            |  |                                                          |  |  |  |
| 1295 NORTH TAMiami TRAIL<br>NORTH FT. MYERS FL                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1295 NORTH TAMiami TRAIL<br>NORTH FT. MYERS FL |  |                                                          |  |  |  |
| 2. Principal Office of Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 2a. Mailing Address                            |  |                                                          |  |  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 26                                             |  |                                                          |  |  |  |
| State Agent #                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | State Agent #                                  |  |                                                          |  |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 27                                             |  |                                                          |  |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City & State                                   |  |                                                          |  |  |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 28                                             |  |                                                          |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | City                                           |  |                                                          |  |  |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 29                                             |  |                                                          |  |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 30                                             |  |                                                          |  |  |  |
| 3. Date incorporated or organized                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                |  | 3a. Date of Last Report                                  |  |  |  |
| 06/19/1985                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                |  | 07/08/1994                                               |  |  |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                |  | Applied For                                              |  |  |  |
| 59-2546584                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                |  | Not Applicable                                           |  |  |  |
| 5. Certificate of Status Deemed                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | \$8.75 Additional Fee Required                           |  |  |  |
| 6. Election Campaign Financing Trust Fund Contribution                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                |  | \$5.00 May Be Added to Fees                              |  |  |  |
| 7. Your corporation is a "public" corporation as defined by Florida Statutes                                                                                                                                                                                                                                                                                                                                                                               |  |                                                |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | 10. Name and Address of New Registered Agent             |  |  |  |
| GOLDSTEIN, LOUIS<br>1295 N. TAMiami TRAIL<br>NORT FORT MYERS FL 33903                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                |  | B1 Name                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | B2 Street Address (P.O. Box Number is Not Applicable)    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | B3                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | B4 City                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                |  | FL B5 Zip Code                                           |  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                |  |                                                          |  |  |  |

| 12. OFFICERS AND DIRECTORS |                                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12.1                       | PD<br>GOLDSTEIN, LOUIS R.<br>203 SE 37TH LANE<br>CAPE CORAL FL 33904 | 13.1                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2                       | VD<br>TEROWSKY, HERBERT<br>46 RAYMOND PLACE<br>HEWLETT NY            | 13.2                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3                       | ST<br>GOLDSTEIN, MARCIA<br>203 SE 37TH LANE<br>CAPE CORAL FL 33904   | 13.3                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.4                       |                                                                      | 13.4                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5                       |                                                                      | 13.5                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6                       |                                                                      | 13.6                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.7                       |                                                                      | 13.7                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8                       |                                                                      | 13.8                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9                       |                                                                      | 13.9                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10                      |                                                                      | 13.10                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 135.02(1)(b), 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 a director of the corporation or the person or persons empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12, or Block 13, of this report or is an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95

813-656-0900