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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H77568

(4)

LGY INTERNATIONAL, INC.

Principal Place of Business Mailing Address 124 BRIDGE RD 6191 WOOD LAKE ROAD JUPITER FL 33458-2482 **TEQUESTA FL 33469** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 09/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2597772 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name YAFFE, LOIS G. 6191 WOOD LAKE RD. 82 Street Address (P.O. Box Number is Not Acceptable) **JUPITER FL 33458** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signatine Type that printed name of registered agent and title if applicable (NOTE: Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TATLE THILE YAFFE, LOIS G. 1.2 NAME NAME 6191 WOOD LAKE ROAD 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 City-St-ZiP CHY-ST-ZIP Change Addition □ DELETE 21 TITLE Title 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY - \$1 - 2iP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition 4.1 TITLE TILLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CI14-SI-ZI2 5.4 CITY-ST-ZIP Addition DELETE Change 61 TITLE THLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

appears in Block 12 or Block 13 if changed, or on an attachment with an address

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

Changed, or on an attachment with an address.

A STATE OF LOS G. York

Date

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FILED

Apr 17 1997 8:00am

Secretary of State