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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90140

0140 (5)

LIMS SERVICES, INC.

Principal Place of Business Mailing Address							
12225 RACETR OLDSMAR FL S US		P. O. BOX 260512 TAMPA FL 33685-0512 US	TAMPA FL 33685-0512				
					 Date Incorporated or Qualified 12/16/1985 	3a. Date of Last F 03/06/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I IA	pplied For
21		26			59-2609244	No	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	e e	City & State	City & State		6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added Added	to Fees
Z(p)	Country	Zip	Country		8. This corporation has liability for it		
24	25	[29]	30			Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	8	1 Name	10. Name and Address of New Reg	pistered Agent	
	STER, LORNA P.		•	Name			
6119 BAYSIDE KEY DRIVE BAYCREST			8:	2 Street Address (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33615		8:	3			
			8	4 City		last 7:-	0.4
			0	City		FL 85 Zip	Code
Office or r	egistered agent or both, in the Stat m fam liar with, and accept the obli	e of Florida. Such change wag gations of, Section 607.0505,	as authorized t Florida Statuti	by the corpora es.	poration submits this statement for the p ation's board of directors. I hereby accep	ot the appointment as	ts registered registered
12.	Signature, typed or printed name of registered as	gent and title if applicable (f ND DIRECTORS		gent signature requ	ilred when reinstating)	DATE	50 10 10
TITLE	PST OFFICERS AI	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	WEBSTER, LORNA P.	C Deterior				Can Change	Monton
STREET ADDRESS	8416 BEDFORD LANE		1.2 NAME		6110 Paradia Van D		
	TAMPA FL			ET ADDRESS	6119 Bayside Key D: TAMPA, FL 33615	rive	
CHY-ST-ZIP TULE	D	☐ DELETE	1.4 CITY -		TARRA, PL 33013	Change	Addition
NAME	WEBSTER, LORNA P.		2.1 TITLE			OM change	Addition
STREET ADDRESS	8416 BEDFORD LANE		2.2 NAME		6110 Parradda Var. D.		
	TAMPA FL			ET ADDRESS	6119 Bayside Key D: TAMPA, FL 33615	rive	
C-TY-ST-ZIP TITLE	IAMIA I L	DELETE	2 4 CITY		IAMFA, FL 33013		Lagren
		□ Detene	31 TITLE	ł		Change	Addition
NAME STREET ADDRESS			3.2 NAME			•	
C-TY - ST - ZIP				T ADDRESS			
TiTLE		☐ DELETE	3.4. CITY 4.1 TITLE			Change	Addition
NAME						C change	☐ Addition
STREET ADDRESS			4. 2 NAM	T ADDRESS			
COTY - ST - ZOP							
TIFLE		DELETE	4.4 CITY - 5.1 TITLE			☐ Change	Addition
NAM: -			5.2 NAME	1		L Omingo	Land Freehold
STREET ADDRESS				T ADDRESS			
				1			
CHY+S1+7IP TILLE		☐ DELETE	5.4 CITY - 6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			6.2 NAME		÷	La Change	L. ROUNION
STREET ADDRESS				T ANDRESS			

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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone I