

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67635 (9)
1. Corporation Name
L. C. OF SPRING HILL, INC.



Principal Place of Business % JACQUES CHALIFOUR 8340 HARBINGER ROAD SPRING HILL FL 34603	Mailing Address % JACQUES CHALIFOUR 8340 HARBINGER ROAD SPRING HILL FL 34603
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 DIORIO Suite, Apt. #, etc. 22 2397 BATTEN RD. City & State 23 BROOKSVILLE FL Zip 24 34602-8111		2a. Mailing Address 26 1345 RENE LEVESQUE O. Suite, Apt. #, etc. 27 City & State 28 SILLERY, QUEBEC Zip 29 G1S1W8 Country 30 CANADA		3. Date Incorporated or Qualified 04/13/1987	
		4. FEI Number 59-2844022		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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

10. Name and Address of New Registered Agent

CHALIFOUR, JACQUES 8340 HARBINGER ROAD SPRING HILL FL 34603		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83	2397 BATTEN RD.	
		84 City	BROOKSVILLE	FL 85 Zip Code 34602-8111

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALIFOUR, JACQUES	1.2 NAME	
STREET ADDRESS	8340 HARBINGER ROAD	1.3 STREET ADDRESS	1345 RENE LEVESQUE O.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SILLERY, QUEBEC G1S1W8 CANADA
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____

CP2E034 (10/97)