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55 MAY -1 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J88279 (1)
1. Corporation Name L. H. S. ASSETS, INC.

Principal Place of Business C/O PHILLIP D. ANDERSON 1411 14TH LANE, P. O. BOX 32037 PALM BEACH GARDENS FL 33420-8037	Mailing Address C/O PHILLIP D. ANDERSON 1411 14TH LANE, P. O. BOX 32037 PALM BEACH GARDENS FL 33420-8037
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 08/18/1987	3a. Date of Last Report 04/25/1994
4. FEI Number 65-0040465	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent ANDERSON, PHILLIP D. 1411 14TH LANE PALM BEACH GARDENS FL 33418
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME ANDERSON, PHILLIP D.
STREET ADDRESS 1411 14TH LANE	
CITY - ST - ZIP PALM BCH. GARDENS FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Phillip D. Anderson* **4/28/95** **407-627-9440**
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR