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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

LS SALES CORPORATION

FILED								
Apr 21 1998 8:00am								
Secretary of State								

CH CD

Principal Place of Business Mailing Address							) (III) (III) (II	DJA 010(1 1)041 1	81911 81911 1981
10762 WILES ROAD CORAL SPRINGS FL 33076		11510 WEST SAMPLE ROAD 8							
						DO NOT WRITE IN THIS SPACE			
ļ		CORAL SPRINGS FL 33065			-	3. Date Incorporated or Qualified			
						12/07/1987			
2. Principal Pa	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21 11510	West Sample Road	26				65-0025389			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 8		27				5. Certificate of States Desired		Fee R	lequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23 Coral Springs, Fl		28				Trust Fund Contribution L.J Added to Fees			
Zip 24 3306	Country	Zip Incl	<b>⊢</b> -¬ ′			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No			
24 3306	65   25 Broward 9 Name and Address of Current	29    Registered Agent	30			Personal Property Tax due June 30. X Yes I No 10. Name and Address of New Registered Agent			
	IEBMAN, WARREN 062 RIVERSIDE DR, APT F7		00 00 00 00			(D.O. Day Number is Not Assente	hin)		
	ORAL SPRINGS FL 33065		82	Sire	et Address	(P.O. Box Number is Not Accepta	uie)		
Ĭ	or the or third or to do		83						
			84	City				<b>85</b> Zip	Code
			"				FL	•     ·	
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  Signature, typed or printed harde of registered agent and bifurd applicable.  (NOTE Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE					Change	Addition
NAME	LIEBMAN, WARREN		1.2 NAMÉ						
STREET ADDRESS	3062 RIVERSIDE DR,APT F7		1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL	T DECEME	1,4 CITY-ST-ZIP					T Change	Iddition
TITLE		DECETÉ	2.1 TITLE					∐ Change	Addition
NAME			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS			1		s				
CITY-ST-ZIP	2.44 D(LETE 3.17			ST · ZIP				Change	Addition
NAME	3.11				-				
STREET ADDRESS			3.3 STREET	ADDRES	s				
CITY-ST-ZIP			3.4. CITY-						
TITLE	DELETE 4.11							Change	Addition
NAME			4. 2 NAME		1				
STREET ADDRESS			4.3 STREET	ADDRES	s				
CITY-ST-ZIP			4.4 CITY - 5	1- ZIP					
TITLE	DELETE 5.11							Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRES	s				
CITY-ST-ZIP			5.4 CITY - S	1-2IP				<del></del>	
TALE		☐ DETEJE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET		s				
CITY-ST-ZIP			6.4 CITY - S	1 - ZIP		T- T-0 67/0/00 F1 0 0 1 1 1	17		

Thereby 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attrachment with an address.