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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K70468

Principal Place of Business
1904 DREW STREET
CLEARWATER FL 34625

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90106 021 \*\*\*150.00

LCPI CO	MMUNICATIONS, INC.						
Principal Place	e of Business	Mailing Address			T (DAIME) AND INDEX ABOUT ALTHOUGH SAID AND	8 911 8:811 81811 81	8() <b>9</b> (9)( )88;
1904 DREW STE	REET	1904 DREW STREET					
CLEARWATER FL 34625 CLEARWATER FL 34625				DO NOT WRITE IN THIS SPACE			
US		U\$			3. Date Incorporated or Qualifed		
					03/03/1989		1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21 /234 Court ST 26		26 1525 LW	26 1525 LWWOOD DR		59-2947218	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	<b>I</b>	
22 Suite B		27			Fee Re	<del></del>	
		City & State	CIEN/WATEN, FL		6. Election Campaign Financing	\$5.00 ( Added to	
		Zip Zip	Country		Trust Fund Contribution		rees
Zip 7 3 7 6	Country ()SA	29 283755 30		ISA	This corporation owes the current year Personal Property Tax.		□No
24 <u>3375</u>	9. Name and Address of Curren			7-71	10. Name and Address of New Registere		
	J. Hame and Addition of Julien		81	Name			
LEW	is, ronald e.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		<del></del>
	LINWOOD DR.		02	Street Addi	ess (F.O. Box Number is Not Acceptable)		,
CLEA	ARWATER FL 34615		83				
			84	City		. 85 Zip C	ode
				•	<b>F</b>	LII	
office or r agent. I a SIGNATURE					oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose of the		Jistered
42	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	zigitatule redolle	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	LEWIS, RONALD E.		1.2 NAME				
STREET ADDRESS	1525 LINWOOD DR.		1.3 STREET	ADDRESS	,		ļ
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST	-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		<del></del>	Change	Addition
NAME	MARIE Lewis		2.2 NAME				İ
STREET ADDRESS	1525 KINWOOD DE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CRAIWATEN, FL 3375		2. 4 CITY-ST	r-zip	, .	- 57.00	- MTLA Juliana
TITLE		☐ DELETE	3.1 TITLE		<del>.</del>	` Change	- Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET	1			
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST 4.1 TITLE	r-ZIP		Change	Addition
TITLE		□ nere≀e					
NAME			4. 2 NAME	ADDOCCC	,		
STREET ADDRESS			4.3 STREET 4.4 CITY-ST				ĺ
CITY-ST-ZIP			44011-51				/ Addition
TITLE		□ DELETÉ	5.1 TITLE			☐ Change	☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change	Magnino:1
NAME STREET ADDRESS		☐ DELETE				☐ Change ·	Addition
STREET ADDRESS		☐ DELETE	5.2 NAME	ADORESS		☐ Change ·	. Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.2 NAME 5.3 STREET	ADORESS		☐ Change	. Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET 5.4 CITY-ST	ADORESS		<del>.</del>	
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADORESS ZIP		<del>.</del>	

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, with all other like empowered.

SIGNATURE: