

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

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

LFSM, INC

K771890

Principal Place of Business

Mailing Address

Principal Place of Business

790 ANDROS AVE

Suite, Apt. #, etc.
S-100

City & State
DELRAY BEACH, FL

Zip Country
33403 USA

2a. Mailing Address

28 6367 NW 26 TER

Suite, Apt. #, etc.

27 City & State
28 BOCA RATON FL

29 Zip Country
33496 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0108167

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

RONALD A. GARGANO

82 Street Address (P.O. Box Number is Not Acceptable)

6367 NW 26 TER

83

BOCA RATON,

84 City

FL

85 Zip Code
33496

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 name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONAL INFORMATION	
1	PDT LEO VECILLIO, JR 101 SAUSBURY WAY WEST PALM BEACH, FL 33411	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	VP SD RONALD A GARGANO 6367 NW 26 TER BOCA RATON, FL. 33496	1.2 NAME	
3		1.3 STREET ADDRESS	
4		1.4 CITY - ST - ZIP	
5		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		2.2 NAME	
7		2.3 STREET ADDRESS	
8		2.4 CITY - ST - ZIP	
9		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		3.2 NAME	
11		3.3 STREET ADDRESS	
12		3.4 CITY - ST - ZIP	
13		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		4.2 NAME	
15		4.3 STREET ADDRESS	
16		4.4 CITY - ST - ZIP	
17		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		5.2 NAME	
19		5.3 STREET ADDRESS	
20		5.4 CITY - ST - ZIP	
21		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		6.2 NAME	
23		6.3 STREET ADDRESS	
24		6.4 CITY - ST - ZIP	

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:

Ronald A. Gargano

4/22/97

561-241-2330