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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

LCC, INC.

FILED Jul 30 1997 8:00am Secretary of State



D.I. In al Diagon	- (D	Mailine Address			 1 		#### #################################	
Principal Place of Business Mailing Address								
801 NW 7TH ST BOCA RATON FL 33432		BOCA RATON FL 33432-2536						
US	rt 90402	US	2000					
					3. Date incorporated or Qualified 07/19/1989	3a. Date o		port
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0144013	Not Applicable		
Sulte, Apt. 6	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27			6. Certificate of Status Desired		Fee Rec	quired
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Ш	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for it			199.032,
24	25	29	30			Yes D		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Reg	listered Age	nt	
	itola, david d.			81 Name K	ETTH J. KANOUS	se f	A.	
125	HYPOLUXO ROAD		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptab	e١		
HYP	OLUXO FL 33462			2.	424 N, FEDERA	1 H10	GHW	14
				83	WITT 353	•		
			ŀ	84 City (2011 6 393		5 Zip C	code
					DCA RATON	FL I	1332	131
11. Pursuant t	o the provisions of Sections 607,0502	2 and 607 1508, Florida Stat	tutes, the at	ove-named cor	poration submits this statement for the p	urpose of cha	anging its	registered
office or re	egistered agent, or both, in the State : m familiar with and accept the obliga	of Florida. Such change was itions of, Section 607.0505.	s authorized Florida Stat	a by the corpora utes.	tion's board of directors. I hereby accep	the appoint	ment as r	egistered
SIGNATURE .	Υ	Cononi			· 7-	24-97	,	
SIGNATORE .	Signature, typed or printed name of registered agen	nt and title if applicable. (N	OTE. Registered	Agent signature requ		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	Prompt of the last		
TITLE	PD	☐ DELETÉ	1.1 TO	LE		LJ	Change	Addition
NAME	LEININGER, JOEL C.		1.2 NA	ME				į
STREET ADDRESS	601 NW 7TH STREET		1.3 ST	reet address				
CITY-ST-ZIP	BOCA RATON FL		1.4 Ci	ry-st-zip				
TITLE	VD	☐ DELETE	21 T/	LE		Ц	Change	L Addition
NAME	LEININGER, MARCELLA C.		22 N/	ME				
STREET ADDRESS	601 NW 7TH STREET		23 \$1	REET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 C	TY-ST-ZIP				j
TITLE	STD	☐ DELETE	3.1 TI	LE.			Change	Addition
NAME	CENTOLA, MARCELLA L		3.2 N/	ME				
STREET ADDRESS	601 NW 7TH STREET		3.3 S	REET ADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL		3.4. C	TY-ST-ZIP				
TITLE		DELETE	4.1 TI				Change	Addition
NAME			4. 2 N	AME				1
STREET ADDRESS				REE1 ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	5.1 Ti				Change	Addition
NAME			5.2 N	1			-	
STREET ADDRESS				REET ADDRESS				
***************************************				TY-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	6.1 TI			П	Change	Addition
NAME		المعتدد الم	6.2 N/			_		
			4					
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP			■ 6.4 C	TY - ST - ZIP				

14. 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.