PLEASE REA	AD ALL INS	TRUCTIONS E	BEFORE C	0		
APPLICATION -FOR -FOR -FOR -FOR -FOR -FOR -FOR -FOR						
DOCUMENT # L.H. 1. Corporation Name LDAR, Juc.	1004			1	Secretary of State	
Principal Place of Business Mailing Address S975 N. Federal Highway Star Suite 130 FT. Landerdale, Fl 33308 If above addresses are incorrect in any way. Line through incorrect information and enter correction belo 2. New Principal Office Address, It Applicable 3. New Mailing Address, It Applicable				600001951796 -03/19/9601063012 ****208.75 ****208.75 ****208.75 ****208.75 ****208.75 ****208.75 ****208.75 ****208.75 *****208.75 *****208.75 *****208.75 *****208.75 *****208.75 *****208.75 ************************************		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	e	6.		SB.75 Additional Fee required		
Zip Country	Ζιρ	Country		<u> </u>	ATE OF STATUS DESIRED S6.75 Additional Fee required for a Certificate of Status	
Title(s) and/or Directors Of			et Address of Each cer and/or Director e Post Office Box f	1	4 City / State / Zip Lighthouse Point, F1 33064	
U.P. Richard Mack	3605 NW	3605 NW 84 Terrace		Conel Springs, F1 33065		
sec Cezanne M. Tracy		2727 NE 32 STREET		eT	Fr. Landerdale, Fl 33306	
Diri. JAmes Runyon		2537 SE 12 STREET		.τ	Pompano Beach, Fi 33064 Pompano Beach, Fi 53062	
Dir. John Monta	maro	2275 SE	8 STREE	τ	Pompano Beach, FI 53062	
B. Name and Address of Co THOMAS H. Holded		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
THOMAS H. Holder 3610 NE 21 Avenue Lighthouse Point, Fl 33064			Suite, Apt. #, Etc. City State Zip Code			
10. I, being appointed the registered agent of Signature of Registered Agent	Hold	orporation, am familiar w	ith and accept the	obligations of S	Date 82786	
11. Does this corporation p	bay any inta er S. 199.03	ngible tax to th 2, Florida Stat	ne utes. Yes	No	(See other side for information on intangible tax.)	
I have the Division of Corporations from an certify that I am an officer or director or the	ne receiver or truste	mpliance with Section 11 se empowered to execut	e this application a	s provided for	ption stated in Section 119.07(3)(k), Florida Statutes. I re- formation supplied is deemed exempt from public access I in chapter 607 or 617, F.S. I further certify that when filing ments of section 607.0401 or 617.0401, F.S., and that all my signature shall have the same legal effect as if made	
SIGNATURE: LONG	R HOKE	OF SIGNING OFFICER OR	DIRECTOR		8 27 96 954-489-9020 Date Daytime Phone #	