


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

FILED

Apr 15 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 # L47004 (1)			
1. Corporation Name LDAR, INC.			
Principal Place of Business 5875 N. FEDERAL HIGHWAY, STE. 130 FT. LAUDERDALE FL 33308		Mailing Address 5875 N. FEDERAL HIGHWAY, STE. 130 FT. LAUDERDALE FL 33308-2681	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		3a. 09/09/1996	
22 City & State		4. FEI Number	
23 Zip		4. 65-0168380	
24 Country		5. Certificate of Status Desired	
25		5. <input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing	
27		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		8. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOLDER, THOMAS H 3610 NE 21 AVENUE LIGHTHOUSE POINT FL 33064		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
11. 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.2 TITLE		1.2 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.3 TITLE		1.3 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.4 TITLE		1.4 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.5 TITLE		1.5 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.6 TITLE		1.6 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.7 TITLE		1.7 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.8 TITLE		1.8 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - 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.			
SIGNATURE:		1/2/97 954-489-9020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)