FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAÑIMENT OF STATE Sandy, B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS									
1. Corporation	MENT # L4775 L M CORPORATION	7 (4)							
WEST	L M CONFORMIUN					1881/1881 Bill Birdin (881) 1887 Bil			.
Principal Place	of Business	Mailing Address			J				
2450 S MILIT	•	DAEO C MILITADY TOA	IL _	. \					
MEIMEKE AS	BEACH FL 33415	WEST PALM BEACH F	~ 1116	106	K6				
						 Date Incorporated or Qualified 01/31/1990 		ate of Last f 04/19/1 9	995
2. Principal Pla 21	ace of Business	2a. Mailing Address				4. FEI Number 65-0168373			Applied For Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	F1)	\$8.7	5 Additional
22	es ester e laboration de la laboration d	27							Required
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζιp	Country	Zp	Country	/	~	8. This corporation has liability for			
24	25 9. Name and Address of Curren	29 t Registered Agent	[30]			Florida Statutes Ye 10. Name and Address of New	s []No Registere	d Agent	
	G. State and Control of Collection	graver ve ragam	81	Name		1A' Tanna and Santon at Hall		_ ,,,,,,,,,,	
CIOFFI, JAMES A. 2450 TEQUESTA DRIVE TEQUESTA FL 33469			82	Street	Addres	oss (P.O. Box Number is Not Acceptable)			
			83	 					
IEUUES	טוע בר 22402							122°F	7m Cent
			84	City			F		Zip Code
d r registere familiar with SIGNATURE	o the provisions of Sections 607.05.02 ed agent, or both, in the State of Floric h, and accept the obligations of, Section Symmic, types or printed name of registeres april 1	da. Such change was authorize on 607.0505, Florida Statutes	ed by the coa	oration's	board (of directors. I hereby accept the app	pointment a	as registere	d agent. I an
12.	OF HCERS ANS		13.	it signal in p	esture: i wi	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	TDCM	DELETE	1, 1 TITLE		₽.			☐ Change	
NAME STREET ADORESS	GAUDIO, LOUIS 2450 S. MILITARY TRAIL		1.2 NAME	I ADDECC	_	in Gaudio	T		
CHY-S1-ZIP	WEST PALM BEACH FL		1.4 City-1	T ADDRESS ST-ZIP	34	SUS. MILL BAUL	Trein		
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CITY - ST - ZIF	and the same of th		5.4 CHY-	ST-7IF					
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STREET ADDRESS CITY - ST - ZIP			6 4 CHY-	T ADDRESS ST-7IP					
14. I do hereby	y certify that the information supplied v	with this filing is voluntarily furn	ished and doe	es not que	alify for	the exemption stated in Section 119	0.07(3)(k), F	lorida Statu	ules. I further
oath; that I appears in	the information indicated on this annu I am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ia: report at supplemental anni ration or the receiver or trustei in all attaonment with un addr	e enipowered ess.	to execut	Jourale le this n	and that my signature shall have the eport as required by Chapter 607, F	same leg Iorida Stat	utes; and the	nat my name

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

407-965-6644