


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L48896** (9)  
1. Corporation Name  
**L.D. INVESTMENT CORPORATION**

Principal Place of Business <b>61 NE 24 ST. WILTON MANOR FL 33305</b>	Mailing Address <b>61 NE 24 ST. WILTON MANOR FL 33305</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1215 E. Broward Blvd.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Ft. Lauderdale, FL</b> Zip <b>24 33301</b> Country <b>25 Broward</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>02/05/1990</b>	3a. Date of Last Report <b>02/02/1996</b>
				4. FEI Number <b>65-0200503</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PAQUETTE, CHRISTIAN P. 2145 W. DAVE BLVD SUITE 203 FT LAUDERDALE FL FL 33312</b>		10. Name and Address of New Registered Agent <b>81 Name ROBERT W. CRAWFORD 82 Street Address (P.O. Box Number is Not Acceptable) 1215 E. Broward Boulevard 83 Fort lauderdale 84 City FL 85 Zip Code 33301</b>	
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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]* DATE **8-5-97**  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGAS, NOELLA</b>	1.2 NAME	
STREET ADDRESS	<b>1 PLACE LADOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AGATHE QUEBEC CAN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGAS, PIERRE ANDRE</b>	2.2 NAME	
STREET ADDRESS	<b>VILLE BROSSARD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUEBEC CANADA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGAS, MARCEL</b>	3.2 NAME	
STREET ADDRESS	<b>1 PLACE LADOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AGATHE QUEBEC CAN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LECLERC, ANDRE</b>	4.2 NAME	
STREET ADDRESS	<b>1 PLACE LADOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AGATHE QUEBEC CAN</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 *[Signature]*

CR2E034 (4/97)