

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L50137** (3)

1. Corporation Name
LSHO, INC.



Principal Place of Business: **FIRSTSTATE TOWER, 255 SOUTH ORANGE AVENUE, SUITE 1350, ORLANDO FL 32801-3473**
Mailing Address: **FIRSTSTATE TOWER, 255 SOUTH ORANGE AVENUE, SUITE 1350, ORLANDO FL 32801-3473**

3. Date Incorporated or Qualified: **02/15/1990**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business: **576 S. OSCEOLA AVENUE**
2a. Mailing Address: **576 S. OSCEOLA AVENUE**

4. FEI Number: **58-1882316**
Applied For: Not Applicable

21. Suite, Apt. #, etc.:
26. Suite, Apt. #, etc.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **ORLANDO, FLORIDA**
27. City & State: **ORLANDO, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip: **32801** Country: **USA**
28. Zip: **32801** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HALL, TREVOR W JR, FIRSTSTATE TOWER, 255 SOUTH ORANGE AVENUE, SUITE 1350, ORLANDO FL 32801-3473**
10. Name and Address of New Registered Agent: **81 Name: [Blank], 82 Street Address (P.O. Box Number is Not Acceptable): [Blank], 83 [Blank], 84 City: [Blank], 85 Zip Code: **FL****

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HALL, TREVOR W SR STREET ADDRESS: 255 S. ORANGE AVENUE, 13TH FLOOR CITY-ST-ZIP: ORLANDO FL	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: S. STREET ADDRESS: 576 OSCEOLA AVENUE CITY-ST-ZIP: ORLANDO, FLORIDA 32801
TITLE: VD	NAME: HALL, TREVOR W JR STREET ADDRESS: 255 S. ORANGE AVENUE, 13TH FLOOR CITY-ST-ZIP: ORLANDO FL	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S	NAME: HAWKS, MARY E STREET ADDRESS: 255 S. ORANGE AVENUE, 13TH FLOOR CITY-ST-ZIP: ORLANDO FL	3. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: 340 RINGWOOD CIRCLE CITY-ST-ZIP: WINTER SPRINGS, FLORIDA 32708
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP: 	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP: 	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP: 	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Trevor W. Hall** **Trevor W. Hall** **4.26.96** **(407) 648-4970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)