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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:01

TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L66275

(3)

1. Corporation Name

LTC CORPORATION

Principal Place of Business

Mailing Address

C/O JAMES L. KARL, II
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33907

C/O JAMES L. KARL, II
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33907

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KARL, JAMES L. II~~

~~C/O JAMES KARL & ASSOCIATES~~

~~975 NORTH COLLIER BLVD.~~

~~MARCO ISLAND FL 33907~~

~~Timothy Clark~~

~~936 Juniper Ct.~~

~~Marco Island, FL~~

~~33907~~

975 N. Collier - Marco Is., FL 33907

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 of Agent or person named as registered agent and title if applicable)

(Signature of Registered Agent separately required when "resigning")

DATE

5/8/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME CLARK, TIMOTHY
STREET ADDRESS 936 JUNIPER COURT
CITY ST ZIP MARCO ISLAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE VS
NAME CLARK, LAURA
STREET ADDRESS 936 JUNIPER COURT
CITY ST ZIP MARCO ISLAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 designated, either as an agent or with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anders 812 394-8577