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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

L.G.M. HOLDINGS FLORIDA, INC.

Principal Place of Business Mailing Address

FILED

Mar 27 1998 8:00am

Secretary of State

APARTMENT 6	F MEXICO DRIVE 508 AL HIGHWAY KEY FL 34228-3406	1701 GULF OF MEXICO DRIVE APARTMENT 608 AL HIGHWAY LONG BOAT KEY FL 34228-3406				DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualified 06/22/1990		
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	IA	pplied For
21		26				65-0209043		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		equired
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z ip	Country	Country						
24	25	Zip	30	., ,		 This corporation owes or has paid the or Personal Property Tax due June 30. 		No
9, Name and Address of Current Registered Agent			1001	10. Name and Address of New Registered Agent				
				81 Name				
HAINES, LEWIS D. II 4530 NORTH FEDERAL HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable		race (P.O. Boy Number is Not Acceptable)		
FORT LAUDERDALE FL 33308				┸	Ollost Addi			
			8	3				
			8	4	City	F	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								
				geni	signatura requi	ired when reinstating) DATE	10 DIDEOTO	70.11.10
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	PTD MOUEL LUCIEN O	DELETE			İ		L Change	Addition
NAME	1111-111-111-111-111-111-111-111-111-111-11			1.2 NAME 1.3 STREET ADDRESS				l:
STREET ADDRESS					i			
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		OLIVIC	2.2 NAJ				C. J Ondrigo	
STREET ADDRESS				2.3 STREET ADDRESS				
			2. 4 City-St-ZiP					
CITY-ST-ZIP TITLE				3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS			3.3 STRE		nnaree			
CITY+ST-ZIP			3.4. CITY		1			
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	ET AD	DORESS			!
CITY-ST-ZIP			4.4 CITY	- 51-	ŽIP			
TITLE		DELETE	5.1 TITLE	:			Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET AD	DDAESS			
CITY-ST-ZIP			5 4 City	- 51-	ZIP			
TITLE		☐ DELETE	6.1 THLE				Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET AD	ODRESS			
CITY-ST-ZIP			6.4 CITY	- ST-	ZIP			

14. Thereby 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 armual roport 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 employed 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.