

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90070 029 ***150.00

DOCUMENT # L 82819

1. Corporation Name

L.G.M. HOLDINGS FLORIDA, INC.

Principal Place of Business

Mailing Address

1701 GULF OF MEXICO DRIVE
APARTMENT 608 AL HIGHWAY
LONGBOAT KEY, FL 34228

1701 GULF OF MEXICO DRIVE
APARTMENT 608 AL HIGHWAY
LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/22/1990

4. FEI Number

65-0209043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 409 PRINCIPALE

Suite, Apt. #, etc.

22

City & State

23 ST. SAUVEUR, QUEBEC

Zip

24 JOR1R4

25

CANADA

2a. Mailing Address

26 409 PRINCIPALE

Suite, Apt. #, etc.

27

City & State

28 ST. SAUVEUR, QUEBEC

Zip

29 JOR1R4

30

CANADA

9. Name and Address of Current Registered Agent

HAINES, LEWIS D. II
4530 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/T/D ☐ DELETE
NAME MICHEL, LUCIEN G.
STREET ADDRESS 1701 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

409 PRINCIPALE

ST. SAUVEUR, QUEBEC, CANADA JOR1R4

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 furnished 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, with all other like empowered.

SIGNATURE:

LUCIEN G. MICHEL, PRESIDENT

Date

Daytime Phone #

CR2E034 (1/98)