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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 12:25

DOCUMENT # **L85850** **(0)**

1. Corporation Name
L.S. BOUNTY/EFFECT, INC.

Principal Place of Business	Mailing Address
% L.S. BOUNTY 413 OAK PLACE. BLDG 2. STE I PORT ORANGE FL 3212 US	PO BOX 1231 DAYTONA BCH FL 32115 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3019898 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DORAN, THEODORE R., ESQUIRE
444 SEABREEZE BLVD., SUITE ~~820~~ 800
FIRST UNION NATIONAL BANK BUILDING
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Suite 800
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 _____ 3-22-95
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	BOUNTY, L.S.	12 NAME	
STREET ADDRESS	413 OAK PL BLDG 2 STE 1	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	14 CITY-ST-ZIP	
TITLE	DPS	21 TITLE	☐ Change ☐ Addition
NAME	RIALE, ANGELO	22 NAME	
STREET ADDRESS	413 OAK PL BLDG 2 STE 1	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	BOUNTY, THERESA	32 NAME	
STREET ADDRESS	413 OAK PL BLDG 2 STE 1	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RIALE, TERRY	42 NAME	
STREET ADDRESS	413 OAK PL BLDG 2 STE 1	43 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this report/form is 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: _____ PRESIDENT 3/23/95 (904) 253-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011597 CP