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 # **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 1~~ ~~PORT ORANGE FL 3212~~ US	PO BOX 1231 DAYTONA BCH FL 32115 US

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21: 1842 SEGRAVE St.
22 Suite, Apt. # etc.: Unit H
23 City & State: So. Daytona, FL
24 Zip: 32119
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. # etc.:
28 City & State:
29 Zip:
30 Country:

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

9. Name and Address of Current Registered Agent

DORAN, THEODORE R., ESQUIRE
444 SEABREEZE BLVD
STE 800
DAYTONA BEACH FL 32118

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOUNTY, L.S. ~~413 OAK PL BLDG 2 STE 1~~ ~~PORT ORANGE FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1842 SEGRAVE St., Unit H S. Daytona, FL 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS RIALE, ANGELO ~~413 OAK PL BLDG 2 STE 1~~ ~~PORT ORANGE FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1842 SEGRAVE St., Unit H S. Daytona, FL 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOUNTY, THERESA ~~413 OAK PL BLDG 2 STE 1~~ ~~PORT ORANGE FL~~	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 1842 SEGRAVE St., Unit H S. Daytona, FL 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIALE, TERRY ~~413 OAK PL BLDG 2 STE 1~~ ~~PORT ORANGE FL~~	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition 1842 SEGRAVE St., Unit H S. Daytona, FL 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ PRESIDENT 4/6/96 (904) 253-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #