## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

M70521

(3)

DOCUMENT #

LRF DATA PROCESSING SYSTEMS, INC.

Principal Place of Business Mailing Address  628 KLICKETY KLAK LANE 628 KLICKETY KLAK LANE 4120 VALRICO FL 33594 US  428 US					3. Date Incorporated or Qualified 3a. Date of Last Bagon 02/26/1988			
		- <b>,</b>				0//3		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FET Number 59-2874599		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Ac		3.75 Additional	
		27			5. Certificate of Status Desired		Fee Required	
City & State		City & State			6. Election Campaign Financing		<b>5.00</b> May Be	
<b>23</b> ] Zip	Country	<b>28</b> Zip	Country		Trust Fund Contribution  8. This corporation has liability for		Added to Fees lers 199,032	
24	F-1 F-1 F-1		30		· · · · · · · · · · · · · · · · · · ·			
	9 Name and Address of Current	Registered Agent		,	10. Name and Address of New	Registered Agen	t	
COLINE	EDC DEDNIADO O		81	Name				
SOMMERS, BERNARD D. 235 S. MAITLAND AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	ND FL 32751		83					
						lac	Zo Codo	
			84	City		FL 85	Zip Gode	
familiar with	i, and accept the obligations of Sections	n 607.0605, Florida Statute	S.  Of a Bod stored Apr  13.		and of directors. Thereby accept the an	DATE		
TITLE	PD OFFICENS AND	DELETE	13. 1 THEF		ADDITIONS/CHANGES TO OF		ange Addition	
NAME	FALL, LAWRENCE R.		1.2 NAME				-	
STREET ADDRESS	528 KLICKETY KLAK LANE		1 3 STREE	LADDRESS	628 KHUKETY KL	ALC LIN		
CITY - ST - ZIP	VALRICO FL		1,4 CITY -					
TITLE	STD Fall, Judy H.	☐ DELETE	2 1 TILE			Ch;	ange [] Addition	
NAME	628 KUCKETY KLAK LANE		2.2 NAME					
STREET ADDRESS	VALRICO FL			LADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE	2 4 CITY - 3 1 11!LE	51 - 251		□ Cha	ange	
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY - ST-ZIP			3.4 CITY -	ST - ZIP				
TITLE		DELETE.	4 1 HTcF			Ch.	ange 🔲 Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 S!REE	LADDRESS				
CITY - ST - ZIP			4.4 CITY -	ST_ZIP				
TITLE		DELETE	5 1 TITLE			☐ Ch.	ange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		F1 6.	ange 🗍 Addition	
TITLE		☐ DELETE	6 1 TITLE			☐ Ch	ange [_] Addition	
NAME			6.2 NAME					
STREET ADDRESS				LADORESS				
O/TY - ST - Z/P			6.4 City -	S1×ZIF L				

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 \$0.0 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 or larged, or on an attachment of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

QUATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (813)681-3476

CR2E034 (12/9)