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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94210

(5)

LRI FINANCIAL GROUP, INC.

Principal Place	e of Business	Mailing Address	Mailing Address 9240 BONITA BEACH ROAD #3317 BONITA SPRINGS FL 34135-4252			i (Saiddil (18 18/11 Sibia Indal 2001 Adil	DIDNÉ BREIF BYD	il BfB fi Bir if s	AHDIT KOBI
9240 BONITA B #3317 BONITA SPRINK		#3317							
						3. Date Incorporated or Qualified 08/15/1988 3a. Date of Last Report 05/01/1996			eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26				65-0066640	Not Applicable		
Suite, Apt. #, etc.		├ ¬ ` `	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State	City & State			• Floring Operation Figure			
23		,	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation has liability for intangible out under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent			
EILE	RS, LEE D.		8	1 Nam	e				
9240	BONITA BEACH RD		8	2 Stre	et Addres	s (P.O. Box Number is Not Acceptab	le)		
BON	ITA SPRINGS FL 33923		8	3					
								,	
			8	4 City			FL	85 Zip (Code
office or r	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the c	State of Florida. Such change w	as authorized	by the c	ed corpor orporation	ation submits this statement for the p i's board of directors. I hereby accep	urpose of o of the appoi	hanging its ntment as	s registered registered
SIGNATURE	Signature Typed or pervise name of regeters	of agent and the Japanese ble	(NCTE: Dayseland A	anat siana	vo recuired	when same let no	DATE		
12.		AND DIRECTORS			ore regored	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TOTLE	PSTD	DELETE		:	1			Change	Addition
NAME	EILERS, LEE D.		1.2 NAM	E	ļ				
STREET ADDRESS	3413 CABRIOLET CT		1.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	PLANO TX 75023		1.4 CITY	· ST - ZIP					
TITLE		DELETE	2.1 TITU				L	Change	Addition
NAME			2.2 NAM	2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRES	s				
CITY - S1 - ZIP			2 4 CIT	-ST-ZIP					
TITLE	DELETE		3.1 1170	3.1 TITLE				Change	Addition
NAME			3.2 NAM	Ε					
STREET ADDRESS			3.3 STR	ET ADDRES	s				
CITY-ST-ZIP			3 4. CIT	-ST-ZIP					
TITLE	☐ DELETE		4.1 TITL	4.1 TITLE				Change	Addition
NAME			4, 2 NA	1E					
STREET ADDRESS			4.3 STR	et addres	s				
CITY-S1-ZIP				-ST-ZIP					
TITLE		☐ DELETE 51		i				Change	Addition
NAME			5 2 NAM	E					
STREET ADDRESS			53 STRI	ET ADDRES	s				
CITY-ST-ZIP				-ST-ZIP					
TITLE		DELETE	61 TITL	Ε			L	Change	Addition
NAME			62 NAM	E					
STREET ADDRESS			63 STAI	ET ADDRES	s				
CITY-ST-ZIP		1	6.4 C/T)	SJ/4					
14. I do heret informatio	by certify that the information sur on indicated on this annual report	optied with this filing does not of tor supplemental annual repor	uality for the e	carate a	n stated in nd that m	n Section 119.07(3)(i), Florida Statute ly signature shall have the same lega	s I further o	certify that f made un	the der oath; that