


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005350 (2) 1. Corporation Name LFST, INC.					
Principal Place of Business 1549 DAVID PLACE ENGLEWOOD FL 34223			Mailing Address 1549 DAVID PLACE ENGLEWOOD FL 34223-4303		
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/09/1995	
				3a. Date of Last Report 04/17/1996	
				4. FEI Number 65-0628443	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BATSEL, C. GUY 1861 PLACIDA ROAD, STE. 204 ENGLEWOOD FL 34223			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 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUDE, CINDY		1.2 NAME		
STREET ADDRESS	7359 LIGHTHOUSE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, CINDY		2.2 NAME		
STREET ADDRESS	6056 SWISS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYON, CATHY		3.2 NAME	D Lewis, Karen	
STREET ADDRESS	2401 VANCE TERRACE		3.3 STREET ADDRESS	9420 E Presidential Circle	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		3.4 CITY-ST-ZIP	Pt Charlotte FL 33980	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOBBETT, ROXANNE		4.2 NAME	23176 Stelling Ave	
STREET ADDRESS	904 STELLING AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKAGGS, JUDY		5.2 NAME		
STREET ADDRESS	1640 FAUST DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCK, FRANK		6.2 NAME		
STREET ADDRESS	1549 DAVID PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		6.4 CITY-ST-ZIP		
14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Cindy Claude</i> <i>Cathy Lyon</i> <i>Karen Lewis</i> <i>1-23-97</i> <i>9416874190</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062448					

CR2E037 (9/96)