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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P32848

(4)

LNS GROUP INC.

**FILED** Apr 26 1996 8:00 am Secretary of State

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Principal Place o		Mailing Address	ND DOAD			
2968 RAVENSWOOD ROAD FT, LAUDERDALE FL 33312		2968 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312				
TI. CAUCION	12 12 00012				3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 03/31/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied Fo
1		26			<b>65-0215956</b> Not Applica	
Suite, Apt #,	, etc.	Suite Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additions
<u></u>		27				- Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for it	
]	25	29	30			□ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name		
CT CORPORATION SYSTEM			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)
	PINE ISLAND ROAD					
PLANTAT	TION FL 33324		83			
			84	City		FL 85 Zip Code
			<u> </u>	L	ration submits this statement for the pur	
SIGNATURE	Signature, typed or printed mains of registered agend a	orbite if applie obje	(NOTE Fingistered Agri	it signature require		DATE COOR AND EXPERIENCE IN LO
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roo nereby certify that the information supplied with this religible voluntarily furnished and does not qualify for the exemption stated in 30-does in 140 for 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 this 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 in thanged, or on an extrachment with an address

TINTED NAME OFFICER OR DIRECTOR

SIGNATURE: \_\_

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