

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32848** (4)
1. Corporation Name
LNS GROUP INC.



Principal Place of Business 2968 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312	Mailing Address 2968 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312-4922
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3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0215956	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	1.1 TITLE	PDT
NAME	SLANSKY, WILLIAM R.	1.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	C
NAME	GIRAUD, PIERRE H.	2.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	ADLER, RICK	3.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	SHCOKEY, MARCY	4.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	STEIN, AVY H.	5.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	WEDNER, MARCUS	6.2 NAME	
STREET ADDRESS	2968 RAVENSWOOD ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David R. Swick* **DAVID R. SWICK** Controller **4/9/97 (954) 792-9971 x299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)