

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:56

DOCUMENT # P33474 (8)

1. Corporation Name
LTM HOLDINGS, INC.

Principal Place of Business Mailing Address
150 W. BRAMBLETON AVENUE 150 W. BRAMBLETON AVENUE
NORWALK VA 23510 NORWALK VA 23510

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/04/1991	02/15/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		54-1389333	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date of election

(NOTE: Registered Agent signature required when re-elected)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, RICHARD F. III	1.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORFOLK VA	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWHATAN, BECKY A	2.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORFOLK VA	2.4 CITY - ST - ZIP	
TITLE	WAGNER, JAMES D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 W. BRAMBLETON AVE	3.2 NAME	
STREET ADDRESS	NORFOLK VA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, JOHN F. III	4.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORFOLK VA	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN	5.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORFOLK VA	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, LOUIS F.	6.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORFOLK VA	6.4 CITY - ST - ZIP	

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)(b), 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: *Susan D. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/17/95

(804) #16-2013