

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P33474** (8)

1. Corporation Name
LTM HOLDINGS, INC.



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

3. Date Incorporated or Qualified: **04/04/1991**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **54-1389333**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BARRY, RICHARD F. III | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE | |
| CITY- ST- ZIP | NORFOLK VA | |
| TITLE | VAS | <input type="checkbox"/> DELETE |
| NAME | POWHATAN, BECKY A | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE | |
| CITY- ST- ZIP | NORFOLK VA | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | WAGNER, JAMES D. | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE | |
| CITY- ST- ZIP | NORFOLK VA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ESTES, JOHN F. III | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE | |
| CITY- ST- ZIP | NORFOLK VA | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | SMITH, SUSAN | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE. | |
| CITY- ST- ZIP | NORFOLK VA | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RYAN, LOUIS F. | |
| STREET ADDRESS | 150 W. BRAMBLETON AVE | |
| CITY- ST- ZIP | NORFOLK VA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | <i>Vice President & Secretary & Director</i> |
| 2.3 STREET ADDRESS | <i>same</i> |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | <i>Director & Treasurer</i> |
| 6.3 STREET ADDRESS | <i>same</i> |
| 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)(k), 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* 1/23/96 (801) 446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)