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

**FILED PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P92000008405 (2) L.G.C. MARKETING, INC. Principal Place of Business Mailing Address 1530 NW 128TH DR 1530 NW 128TH DR **STE 104** STE 104 SUNRISE FL 33323 SUNRISE FL 33323 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0383338 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip ZID Country 8. This corporation owes or has paid the current fear Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 COLLINS, LAWRENCE G JR Name 1530 NW 128TH DR Street Address (P.O. Box Number is Not Acceptable) 82 **STE 104** 83 SUNRISE FL 33323 84 City 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 Signatore, typed or printed name of requirement against and the it applicable (NOTE: Ringistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TRILE COLLINS, LAWRENCE G NAME 12 NAME 1530 NW 128TH DR, 104 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP 1.4 CITY-ST-2IP Change DELETE ☐ Addition 2.1 TITLE TIFLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITI F 3.1 Title NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-S!-ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. I hereby cortify 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 suppliemental 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 attrictment with an address. Rolls I IIII

SIGNATURE: C

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

5 3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

3/10/98

Addition

Change