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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014417 (9)

Country

9. Name and Address of Current Registered Agent

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SEPLER, RICHARD M 2997 DAY AVE

MIAMI FL 33133

L. AND M., INC.

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Zip

Mailing Address Principal Place of Business 6200 SW 79TH COURT 8200 SW 79TH COURT MIAMI FL 33143-1616 MIAMI FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1992 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0386565 26 Suite, Apt. #, etc. Suite, Ant. #. etc. **\$8.75** Additional 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be

83 84 Zip Code

81 Name

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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.

Country

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SIGNATURE (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. ☐ Change ___ Addition DELE1E 1.4 TITLE TITLE MUSE, BROOKS M II NAME 1.2 NAME **6200 SW 79TH COURT** 1.8 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DST DELETE 2.1 TITLE Change TITLE JACKMAN, M STEPHEN 2.2 NAME NAME **6200 SW 79TH COURT** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 Dity-St-ZIP DELETE Change Addition TITLE 31 1016 NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE ☐ Change Addition 4.1 THLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CHY-S1-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAMI NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eath; 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

RROOKS M. MUSE TI

FILED

May 06 1997 8:00am

Secretary of State

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Yes 🔀 No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Applied For

Fee Required

Added to Fees

Not Applicable