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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

P93000013346 (0)

LDH ASSOCIATED, INC.

Mailing Address Principal Place of Business 7687 WEST SAMPLE 2230 N.W. 66TH AVE. SUITE 193 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33065** 3. Date Incorporated or Qualified 02/19/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 <u>65-0396161</u> 21 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 Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 25 30 24 28 a Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILTY, DIANA R 2230 NW 66TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 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 Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE NAME HILTY, LUTHER E 1.2 NAME 2230 NW 66TH AVE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME HILTY, DIANA R 2.2 NAME STREET ADDRESS 2230 NW 66TH AVE 2.3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 2.4 CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST- ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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. 914-5271

FILED

Jan 23 1998 8:00am

Secretary of State