

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000027220 (1)

1. Corporation Name
LTSI, INC.

FILED

95 JAN 25 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2357 BROOKSIDE DRIVE
MELBOURNE FL 32903

Mailing Address
2357 BROOKSIDE DRIVE
MELBOURNE FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/12/1993	3a. Date of Last Report 06/30/1994
4. FEI Number 593174388	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	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901	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 FL
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, LORI L	1.2 NAME	
STREET ADDRESS	2357 BROOKSIDE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32903	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, LOU	2.2 NAME	
STREET ADDRESS	2357 BROOKSIDE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32903	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	COVERT, RICHARD	3.2 NAME	
STREET ADDRESS	3056 QUAYSIDE CT., #108	3.3 STREET ADDRESS	COVERT, RICHARD
CITY - ST - ZIP	MELBOURNE FL 32935	3.4 CITY - ST - ZIP	1908 - 24 CHARLESTON PLACE LANE CHARLOTTE, N.C. 28212
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Richard P Covert RICHARD P COVERT 1/13/95 704-845-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #