

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 # P93000028256 (4)

1. Corporation Name

L & V MANAGEMENT CO., INC.



Principal Place of Business

6950 CENTRAL AVE.  
160  
ST. PETERSBURG FL 33707  
US

Mailing Address

6950 CENTRAL AVE.  
160  
ST. PETERSBURG FL 33707  
US

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc. 25a. Mailing Address 25 6950 CENTRAL AVENUE

22 City & State

23 Zip

24 Country

25 33707

26 U.S.

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g. Name and Address of Current Registered Agent

SAMSON-HOSEPH, MARION L.  
6950 CENTRAL AVE., SUITE 160  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name PAUL L. SAMSON  
82 Street Address (P.O. Box Number is Not Acceptable) 6950 CENTRAL AVE. STE. 180  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33707

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SAMSON, PAUL L  
STREET ADDRESS 11101 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33618

TITLE STD  
NAME SAMSON-JOSEPH, MARION L.  
STREET ADDRESS 6950 CENTRAL AVE., SUITE 160  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VPD  
NAME STEINBACH, ALAN P.  
STREET ADDRESS 6950 CENTRAL AVE., SUITE 160  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P S T  
1.2 NAME SAMSON, PAUL L.  
1.3 STREET ADDRESS 8403 BENJAMIN ROAD, SUITE A  
1.4 CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96 #13-341-7122

CR2E034 (12/95)