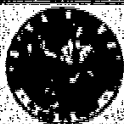


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029975 (8)

1. Corporation Name

LOST IN THE 50'S, INC.

Principal Place of Business

12804 ULMERTON RD.
SUITE A
LARGO FL 34644

Mailing Address

12804 ULMERTON RD.
SUITE A
LARGO FL 34644

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1983

3a. Date of Last Report

05/24/1994

4. FEI Number

593183161

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

VAILLANCOURT, ROBIN A
2530 WEST BAY DR.
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

Robert F. Diamond

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

2280 10th St. SE

83

84 City

LARGO

FL

85 Zip Code

34641

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

Robert F. Diamond

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DIAMOND, ROBERT F
13379 - 84TH TERR. NO.
SEMINOLE FL 34646

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DIAMOND, FRANCES M
13379 - 84TH TERR. NO.
SEMINOLE FL 34646

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DIAMOND, DANIELLE N
13379 - 84TH TERR. NO.
SEMINOLE FL 34646

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Robert F. Diamond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

813-584-3162

Telephone Number