

4-30-98 B5975 C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # P93000031056 (3)**

1. Corporation Name

LDR, INC.



Principal Place of Business

Mailing Address

**2792 TAMAMI TRAIL  
PORT CHARLOTTE FL 33952****2792 TAMAMI TRAIL  
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1993**

4. FEI Number

**65-0406985**

Applied For

☒ Not Applicable5. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**ROSENFELD, LOUIS D  
2792 TAMAMI TRAIL  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name

**PETER BARBERIO**

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

**303 EAST TARPON BLVD**

83

84 City

**Port Charlotte****FL**

85 Zip Code

**33949**

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

**Peter Barberio**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **ROSENFELD, LOUIS D**  
STREET ADDRESS **258 TAIT TERRACE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
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CITY-ST-ZIPTITLE ☐ DELETE  
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CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/O/T/P** ☒ Change ☐ Addition  
1.2 NAME **PETER BARBERIO**  
1.3 STREET ADDRESS **303 EAST TARPON BLVD**  
1.4 CITY-ST-ZIP **PC FL 33949**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

**Peter Barberio****4/22/98 401-1251115**

CR2E034 (10/97)