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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P93000033418 (3)

Mailing Address

LDR GROUP, INC.

FILED Jan 16 1998 8:00am Secretary of State

|--|--|

	S/ MYRTLE AVE. 1230 S. MYRTLE AVE.		'				
202 202 CI FADWATED EL 24616			DO NOT WRITE IN THIS	WRITE IN THIS SPACE			
US CLEARWATER	CLEARWATER FL 34616 US CLEARWATER FL 34616 US			3. Date Incorporated or Qualified			
50		30			05/06/1993		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Ap	plied For
21	(435 5) 255/1005	26			59-3180465		t Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.				\$8.75	
22 27				5. Certificate of Status Desired	Fee Re	quired	
City & State City & State		•••	6. Election Campaign Financing	\$5.00	Mav Be		
23	= ⁻ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			Trust Fund Contribution	Added t		
Zip	Zip Country Zip Country			У	8. This corporation owes or has paid the co	urrent year Inta	angible
24 337 2	25 ما 5	29 33756	30		Personal Property Tax due June 30.		No
	Name and Address of Curr	ent Registered Agent		- ₁	10. Name and Address of New Registered	i Agent	
RE	agin, leslie d 111		81	Name		-	
72	O BLUFF VIEW DRIVE		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
LAI	RGO FL 34640		_	<u> </u>	,	-	
			83	il			
			84	City		85 Zip C	Code
				[,	F!	_ 337	170
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was a lications of. Section 607.0505. Flo	iuthorized b irida Statute	y tne corpora s.	ation's board of directors, I hereby accept the ap	pointment as	egistereu
1							1
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered Ac	ent signature requ	lired when reinstating) DATE		
12.		AND DIRECTORS	13.	,.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	DELETE	1,1 TITLE	ł		Change	Addition
NAME	Leslie D. Reagin III		1,2 NAME	ľ			17
STREET ADDRESS	720 BLUFFVIEW DR.		1.3 STREE	T ADDRESS			ļi
CITY-ST-ZIP	LARGO FL		1.4 CITY-	ST-ZIP			i
TITLE		DELETÉ	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY - ST - ZIP			2. 4 CITY-	-ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			ł
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME	l						
STREET ADDRESS	1		4. 2 NAMI	:			I .
				: T'ADDRESS			
'				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.3 STREE	T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREE 4.4 CITY - 5.1 TITLE	T ADDRESS ST-ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DÉLETE	4.3 STREE 4.4 CITY - 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREE 4.4 CITY - 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STREE 4.4 CITY - 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY -	T ADDRESS ST-ZIP T ADDRESS		☐ Change	Addition Addition
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4. I hereby certify that the information supplied with this filling 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:

1/5/98 813-449-9418