

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000033553 (7)**

1. Corporation Name:

L & F SALES, INC.

Principal Place of Business

**116 WINDMILL WAY
LONGWOOD FL 32750**

Mailing Address

**116 WINDMILL WAY
LONGWOOD FL 32750**

APPROVED
AND
FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3181373

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ANDERSON, LARRY C
2941 WEST STATE ROAD 434
STE. 100
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 Zip Code

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 of Registered Agent or New Registered Agent and the Corporation)

(Signature of Registered Agent or New Registered Agent and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

**SCHAFFER, MARVIN F
116 WINDMILL WAY
LONGWOOD FL 32750**

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

S

NAME

**SCHAFFER, JUDITH
116 WINDMILL WAY
LONGWOOD FL**

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.1 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.1 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.1 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.1 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.1 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.1 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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:

Marvin Schaffer
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
MARVIN SCHAFFER

4/17/95

407-260-1509
(Toll-Free Number)