

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 # P93000036152 (5)

1. Corporation Name

L.M.T. ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**9628 N.W. 49TH ST.
SUNRISE FL 33351**

**3474 N. UNIVERSITY DR.
SUITE 209
SUNRISE FL 33351**

*450 Petersburg Terr
Plantation*

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **450 Petersburg Terr.**

26 **9715 W. Broward Blvd**

4. FEI Number

65-0413499

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

Plantation, FL

Plantation, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

33325

25

33324

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANLEY, DEANA
9628 N.W. 49TH ST.
SUNRISE FL 33351**

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME **D STANLEY, DEANA**
STREET ADDRESS **9628 N.W. 49TH ST.**
CITY - ST - ZIP **SUNRISE FL 33351**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**450 Petersburg Terr.
Plantation, FL 33325**

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME **D STANLEY, STEVEN**
STREET ADDRESS **9628 N.W. 49TH ST.**
CITY - ST - ZIP **SUNRISE FL 33351**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**450 Petersburg Terr.
Plantation, FL 33325**

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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: *Deana Stanley* **Deana Stanley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

954-472-0947
Daytime Phone #

CR2E034 (12/95)