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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000036152 (5)

1. Corporation Name
L.M.T. ASSOCIATES, INC.



Principal Place of Business

450 PETERSBURG TERR
PLANTATION FL 33325
US

Mailing Address

9715 W BROWARD BLVD
S-255
PLANTATION FL 33324-2351
US

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 9640 NW 49 Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Sunrise, FL

28 City & State

28 Sunrise, FL

24 Zip

24 33351

Country

25 US

Zip

29 33351

Country

30 US

4. FEI Number

65-0413499

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

BOSCO, GRACE

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

9640 N.W. 49 Street

83

84 City

SUNRISE, FL

FL

85 Zip Code

33351

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 GRACE BOSCO

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

(NOTE: Registered agent signature required when reinstating)

DATE

5/2/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME STANLEY, DEANA
STREET ADDRESS 450 PETERSBURG TERR
CITY - ST - ZIP PLANTATION FL

TITLE D ☒ DELETE
NAME STANLEY, STEVEN
STREET ADDRESS 450 PETERSBURG TERR
CITY - ST - ZIP PLANTATION FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D GRACE BOSCO ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9640 NW 49 ST
1.4 CITY - ST - ZIP SUNRISE, FL 33351

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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: GRACE BOSCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (934) 749-3789

CR2E034 (9/96)