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

PROFIT CORPORATION ANNUAL REPORT

1996

LAKELAND FL 33813



FLORIDA DEPARTMENT OF STATE Sandra B. Maham

Secretary of State

**DIVISION OF CORPORATIONS** 

LAKELAND FL 33813

DOCUMENT # <b>P93000066143</b> 1. Corporation Name	(7)
LILIBITED CLIANS INTERNATIONAL INC	

HUNTER-SHAW INTERNATIONAL, INC. Principal Place of Business Mailing Address 1 LA TERRAZA 1 LA TERRAZA



,							Ī	<ol> <li>Date Incorporated or Qualified 09/22/1993</li> </ol>	3a. Date	) <sup>1</sup> 10/19	Report <b>95</b>			
2. Principa 21	Il Place of Busine	Place of Business 2a. Mailing Address 26			4. FEI Number 59-3202257			Applied For Not Applicable						
Suite, Apt. #, etc. 22 27		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>C</b> )	\$8.7	5 Additional Required				
28								Election Campaign Financing     Trust Fund Contribution	בו		May Be			
Ζφ <b>24</b>	ſ	Country 25	Z <sub>I</sub> p	<b>├</b> ─¬	Country			8. This corporation has liability for intangible tax under s 199.032,						
	25   29   30   9. Name and Address of Current Registered Agent						Florida Statutes Yes No  10. Name and Address of New Registered Agent							
					81	Name		10.	iogistorea r	Sein				
MCDERMOTT, MICHAEL J														
	W. LUMSDEN				82 Street Address (P.O. Box Number is Not Acceptable)									
BRAN	NDON FL 335	11			83									
<b>3</b> "					84	City				06 7	p Code			
		· <del></del>				•			FL	1 1	<i>'</i>			
or regis	atered agent, or	DOM, IT ME State 0	'.0502 and 607.1508, Florida f Florida. Such change was au , Section 607.0506, Florida St	amonzea by the c	ve-n corpo	amed co oration's t	rporation Loard c	in submits this statement for the purifications. I hereby accept the app	rpose of cha ointment as	nging its r egistered	registered office Lagent. Lam			
SIGNATUR														
12.	Signature, typed i		ed agent and title if applicable	(NOTE Registered	Apont	signature re	ki dired wh		CMTE					
TITLE	Dv	1N			13.			ADDITIONS/CHANGES TO OFF						
NAME	HUNTER	HUNTER, SANDRA				ļ			<b>.</b>	] Change	Addition			
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NAME				6.2 NA	Mξ	1								
STREET ADDRES	58			6 3 \$76	REET A	DDRESS					<i>દ</i> ો			
CITY-ST-ZIP		·		6 4 CIT	Y - \$T-	- ZIP					15.2			
Centrily t	Har the informati	OFFICICATED OF THIS	plied with this filing is voluntaril annual report or supplements corporation or the receiver or t	ii annuai report is	true	and acc	urate a	ne exemption stated in Section 119, and that my signature shall have the	07(3)(k), Flori same legal e	da Statut fect as if	es. I further made under			

SIGNATURE: