

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000066704 (6)**

1. Corporation Name

LNM REAL ESTATE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**484 TAMARIND DRIVE
HALLANDALE FL 33009**

**484 TAMARIND DRIVE
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **5106 MISTY MORN RD**
Suite, Apt. #, etc

26 **5106 MISTY MORN RD**
Suite, Apt. #, etc

22 City & State
PALM BEACH GARDENS FL

27 City & State
PALM BEACH GARDENS FL

23 Zip
33418

Country

29 Zip
33418

Country

24

25

30

4. FEI Number

65-0438219

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

**NELSON-MOSER, LAURIE
484 TAMARIND DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

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

5106 MISTY MORN RD

83

84 City

PALM BEACH GARDENS FL

85 Zip Code

33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1526, 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

L. H. Nelson-Moser

05/29/96

Signature typed or printed name of registered agent, if that is applicable

DATE Registered Agent signature must follow recording

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PSTD MOSER, MARK**
STREET ADDRESS **484 TAMARIND DR.**
CITY-ST-ZIP **HALLANDALE 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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Moser

05/29/96

DATE

561-844-3633

STATE PHONE #

CR2E034 (12/95)