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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000067374 (7)

LCM ENGINEERING, INC.

FILED Apr 07 1997 8:00am Secretary of State

Principal Place of Business 5389 MARINA DRIVE SUITE-138 BOKEELIA FL 33922		Mailing Address 5389 MARINA DR. BOKEELIA FL 33922-3027						
US US	N\$62	US				3. Pate Incorporated or Qualified 09/28/1993	3a. Date of t	
2, Principa' Pl 21	Place of Business	2a, Mailing Addres	SS			4. FEI Number 65-0438967		Applied For Not Applicat
22 Del	ete Suite #]	Suite, Apt. #, 6	ito.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Co	ountry		8. This corporation has liability for in		ider s. 199.032,
24	25	29	30			Florida Statutes	Yes L No	
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Meg	istered Agent	,_,
MIDLAM, LEWIS C 5383 MARINA DR					rvarrie			
	EELIA FL 33922			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
				83	· · · · · · · · · · · · · · · · · · ·			
	11			84	City		FL 85	Zip Code
11. Pursuant	607.0	502 and 607 1509. Florida	Statutes the	above r	named core	poration submits this statement for the n		alpa ite register
office or r agent. La SIGNATURE	Light Appea or protect rounce of registered	igations of, Section 607.0 CWS  ligent and little dappl cable  ND DIRECTORS	Midla (NOTE: Register	M red Agelic	11011	poration submits this statement for the price ion's board of directors. I hereby accept when reinstating)	4/2/	97
12. /	I n	DEL	13 FTF 11	TITLE		ADDITIONS/CHANGES TO OFFIC	CI CI	
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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 angular lupp for 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 oriector of the corporation by or the repelver 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 or Block 14 or Block 15 or Block

SIGNATURE:

D NAME OF PIGNING OFFICER OR DIRECTOR

941-283-8242

rime Phone #