

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0117882

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P93000070666 (1)**

1. Corporation Name  
**L.S.R.M., INC.**



Principal Place of Business

**319 S. GUADALUPE  
SANTA FE NM 87501**

Mailing Address

**P.O. BOX 642  
TESUQUE NW 87574**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **317 S. Guadalupe**

Suite, Apt. #, etc.

22

City & State

23 **Santa Fe, NM 87501**

Zip

Country

24

2a. Mailing Address

26 **P. O. Box 1847**

Suite, Apt. #, etc.

27

City & State

28 **Santa Fe, NM 87504**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FOSTER, LESLIE S  
746 AZALEA LN  
VERO BEACH FL 32963**

3. Date Incorporated or Qualified

**10/05/1993**

4. FEI Number

**65-0454895**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

TITLE	<b>TPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, LESLIE S</b>	
STREET ADDRESS	<b>319 S. GUADALUPE</b>	
CITY-ST-ZIP	<b>SANTA FE NM 87501</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, NANCY</b>	
STREET ADDRESS	<b>3213 OCEAN DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Leslie Falong</b>	
1.3 STREET ADDRESS	<b>1422 Paseo de Peralta Bldg 1</b>	
1.4 CITY-ST-ZIP	<b>Santa Fe, NM 87501</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 to this report.

SIGNATURE

*Leslie S. Falong*

**7-28-98**

CR2E034 (5/98)