FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000025418 (2)

LPSt	ERVICES GROUP, INC.				
Principal Plac	ce of Business	Mailing Address			
1708 EAST BUSCH BLVD. 9304 N. ELMER ST. TAMPA FL 33612 US				DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified	
				04/01/1994	
	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21 Sulte, Apt	W ato	Suite, Apt. #, etc.		59-3128633 Not Applicable 275	
22	. π, Βιο.	27		5. Certificate of Status Desired See Required	
City & Sta	ite	City & State		B. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Inlangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curr	ent Registered Agent	81 Name	10, Name and Address of New Registered Agent	
RAY, MELVIN			of Name		
9304 NORTH ELMER STREET			82 Street	Address (P.O. Box Number is Not Acceptable)	
4 TA	MPA FL 33612		83		
			84 City	FL 85 Zip Code	
SIGNATURE	Signature, typod or printed name of registered in		L. Flegistered Agent signature	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered exercised when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DCP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RAY, MELVIN		1.2 NAME		
STREET ADDRESS	1708 E. BUSCH BLVD.		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY- ST - 7IP		
TITLE	V	DELETE	2.1 TITLE	Change Additio	
NAME	SEPESSY, JOHN		2.2 NAME		
STREET ADDRESS	1708 E. BUSCH BLVD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	ST, \(\) Change \(\square\) Addition	
NAME	GRAHAM, MICHAEL		3 2 NAME		
STREET ADDRESS	1708 E. BUSCH BLVD.		3 3 STREET ADDRESS		
CITY-ST-7IP	TAMPA FL		3 4. CHTY - ST - ZIP		
TITLE	D	☐ DELETE	4 1 TITLF	[D, ✓ Change Addition	
NAME	MCGLOUGHIN, MIKE		4 2 NAME		
STREET ADDRESS	1708 E. BUSCH BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	4.4 CITY-ST-ZIP	Change [7] Addition	
TITLE		L_1 UELETE	5.1 TITLE	Change LI Addition	
NAME	1		5.2 NAME	402/12	
STREET ADDRESS			5.3 STREET ADDRESS	10-/17	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition	
NAME		- occur	6.2 NAME	60000243456506 -02/19/9801002004	
STREET ADDRESS			6.3 STREET ADDRESS		
STUCKLI MUNUCOS			0.9 STREET MEDICOS		

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 suppliemental 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.

64 CITY-ST-7IP

812-525.2008

Feb 17 1998 8:00am

Secretary of State