			•		U		•	
) 🦡 FI	ILE NOW: FUNG SER	E AFTER M		550.00	A		1,10	
	PROFIT		RID PART	TM T OF ST		P9 · 1	003	
CORPORATIO PARTICIPATION OF THE BLOCK HAMP CONTROL OF THE BOOK AND ADDRESS OF THE BOOK ADDRESS OF THE BOOK AND ADDRESS OF THE BOOK AND ADDRESS OF THE					FILED			
1990-1997 DIVISION OF CONTORATIONS					• •			
DOCUMENT # P94000045289(3) 1. Corporation Name					97.JUN 12 PM 1: 36			
1. Corporatio	n Manie				SECRET	ARY OF ST ASSEE, FLO	ATE ORIDA	
	LMD, Inc.				IALLAN	MODELL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Principal Plac	e of Business North Blvd.	Mailing Add	ness North	R1vd.				
Leesburg, FL 34748 Leesburg, FL 34748								
					3. Date incorporated or Qualified 06/16/1994	3a. Date of L	ast Report]
2. Principal P	lace of Business	2a. Mailing	Address		4. FEI Number		Applied For	
Suite, Apt.	# elc	26 Suite, A	pt. #, etc.		59-3245716	\$8	Not Applicable .75 Additional	-
22		27 City & S			5. Certificate of Status Desired	F	ee Required	
City & State	е	28			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 24	Country 25	Zip 29	ļ	Country 30	This corporation has liability for Florida Statutes	intangible tax un Yes 🔲 No	ider s. 199.032,	
	9. Name and Address of Curre		ent	81 Name	10. Name and Address of New R	egistered Agent		1
	zo, Emanuel A.				ess (P.O. Box Number is Not Accepta	ible)		-
	North Blvd. g, FL 34748			83				-
Deepbur,	g, 11 34740			84 City		85	Zip Code	-
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508.	Florida Statute	the above-named core	oration submits this statement for the	PLI Durnose of chang	aina its registered	-
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such .	chance was at	uthorized by the corporati	ion's board of directors. I hereby acco	pt the appointme	int as registered	
SIGNATURE	Signature typed or printed name of registered a	igent and title if applicable	(NOTE	Registered Agent signature require	od wher reinstating)	DATE		
12.		ND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE		96/6
NAME	D DiLorenzo, Emanuel	1 Δ		1.2 NAME				24
STREET ADDRESS	1350 W. North Blvd	d.		13 STREET ADDRESS				19 17
CITY-ST-ZIP TITLE	Leesburg, FL 3474	8 [DELETE	14 CTY-ST-ZIP 21 TITLE	100002	221 1 S	izeer Addilion	2
NAME				22 NAME	100002 -06/1	3/97010	125013	
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS 2.4 Orty - S1 - ZIP	****	365.00 *	***365.00	
TITLE			DELETE	3 1 TITLE		☐ CF	nange Addition]
NAME				3.2 NAME 3.3 STREET ADORESS				
STREET ADDRESS				34 CAY-ST-ZIP				
TITLE			DELETE	4.1 TITLE			nange Addition	
NAME				4 2 NAME 4.3 STREET ADDRESS				1
STREET ADDRESS CITY-ST-ZIP				4.4 CITY - ST - ZIP				
TITLE	· • • • • • • • • • • • • • • • • • • •		DELETE	5 1 TITLE		☐ Ct	nange Addition]
NAME		•		5 2 NAME				
STREET ADDRESS TO				5.3 STREET ADDRESS 5.4 CITY-S1-7IP		10	1	
TITLE			DELETE	6 1 TITLE		1.V/A/	nange Addition	
NAME				6 2 NAME	\mathcal{M}			
STREET ADDRESS CITY-ST-ZIP			- >	6.3 STREET ADDRESS 6.4 CHTY-ST-7IP	XX	ŊΊ		
14. I do here	by certify that the information supplied indicated on this angular report of	ickl with this filing	aes not qualify	for the exemption stated up and accurate and that	o in Section 119.07(3)(i). Floridy Statut my signature shall have the same ler it as required by Chapter 607, Florida	es. I further certif	y that the de under oath; that	1
l am an d appears	officer or director of the corporation in Block 12 or Block 13 if changer.	or the eceiver or to or on a attachmo	rustee empowe nt with an add	ered to execute this repor	rt as required by Chapter 607, Florida	Statutes: and tha	t my name	
	1 / Manda	Near .	//		Prosident 5/9	1/07 (352)) 323-0222	
SIGNAT	SIGNATURE AND TYPED	HINTED NAME OF	SIGNING OFFICER	ITUEL A. DILOI	cenzo, President 5/2	Daytime Pi	7 	

Pg.2063

BAUER & TWOHEY, P.A.

ATTORNEYS AT LAW

Sherwood "Chip" Bauer, Jr.*
Christopher J. Twohey
*Also Admitted in Connecticut
Vicki Plummer-Wellmaker

Paralegal

312 Denver Avenue · Stuart, FL 34994

Telephone: (561) 221-8221 Facsimile: (561) 221-8225

May 13, 1997

Leslie Sellers
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: LMD, INC.

REFERENCE NO.: P94000045289 LETTER NO.: 997A00021566

Dear Ms. Sellers:

This firm represents LMD, Inc., a Florida Corporation. I have your letter dated April 25, 1997, with respect to LMD's Administrative Dissolution for failure to file its 1996 Corporate Annual Report. As you may recall, LMD submitted its 1997 Annual Report with appropriate fee which was returned due to the failure to file its 1996 Corporate Annual Report.

My client informs me that in its 1995 Annual Report, it amended the address of its principal place of business to reflect 1350 West North Boulevard, Leesburg Florida, 34748. However, LMD did not receive its 1996 Corporate Annual Report Form and, by review of its records, does not have record of making any payment to the State of Florida for same. This letter is to request that due to the oversight in mailing the Annual Report to the proper address, that the Division of Corporations waive the \$585.00 reinstatement fee and simply charge LMD for the fees due for 1996 and 1997. It seems unfair that given LMD's compliance for all previous years, that it be penalized for the oversight in 1996.

Please check the 1995 Annual Report to verify that the address was changed and let me know if the Division is willing to waive the \$585.00 reinstatement fee. If so, my client will immediately submit the remaining balance of funds due to the State of Florida for reinstatement of the Corporation.

, Should you have any questions or comments, please do not hesitate to give me a call. Thank you for your time and attention.

Very truly yours,

BAUER & TWOHEY, P.A.

Christopher J. Twohey

CJT/eap

cc: Emmaunel DiLorenzo