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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400055205 (6)

1. Corporation Name L & S PARTNERS, INC. Principal Place of Business 48 N HWY 19 INGLIS FL 34449 Mailing Address 48 N HWY 19 INGLIS FL 34449					
				3. Date Incorporated or Qualified	3a. Date of Last Report
		1.5 11.75 1.11.11		07/26/1994 4. FEI Number	09/28/1995 Applied For
2. Principal Plac	ce of Business	2a. Mailing Address		59-3260629	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
1	25	29	30		□ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
CIMMIN	io, linda		82 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)
286 DE	BRA ST.				
INGLIS	FL 34449		83		
			84 City		FL 85 Zip Code
		ection 607 0505. Florida Statutes	S.	ard of directors. I hereby accept the app	
BIGNATURE	Signature (typed or printed name of registered ag		S. DTE: Registered Agent signature regula	ed when reinstating):	DATE
SIGNATURE s	Signature typed or printed name of registered ag OFFICERS A	gent and title 4 applicable (NO	S. OTE: Registered Agent signature require 13.		DATE
BIGNATURE S	Signature: typed or priviled name of registered ag OFFICERS A	jent and title diapplicable (N	S. DTE: Registered Agent signature regula	ed when reinstating):	DATE ICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and obes not quality for the exemption stated in section 119.0/(3)(k). Fiolia statutes. I furnite 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 with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description 119.07(3)(k), Froid a Statutes. I furnished and obes into quality of the exemption stated in Section 119.07(3)(k), Froid a Statutes. I furnished and obes into quality of the exemption stated in Section 119.07(3)(k), Froid a Statutes. I furnished and observed and documents 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.

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Date

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