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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000057006 (6)

L.S.C.O., INC.

FILED								
May 06 1998 8:00am								
Secretary of State								

Principal Place of Business Mailing Address								
1167 HILLSBO SUITE 102		188 E-BOSTON MIL HUDSON OH 44238						
HILLSBORO B	EACH FL 33062	1263 GREENWOOD AVE.				DO NOT WRITE IN THIS SPACE		
		KENT, OHIO 44240			 Date Incorporated or Qualified 08/02/1994 			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
Suite, Apt #, etc.		Suite, Apt. #, etc.			34-1777471	Not Applicable		
					5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State			6. Election Campaign Financing			
-	ind ohio	28		Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid t	ne current year Intangible		
24 YY 2	Yo 25 Portage	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	ered Agent		
	CORPORATION SYSTEM		6	31 Name				
	O S. PINE ISLAND ROAD		Ī	Street /	Address (P.O. Box Number is Not Acceptable)			
PL	INTATION FL 33324		1	83				
				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 ages	and the derechable	(NOTE: Repretered	Anart sirinstura	required when reinstating)	DATE		
12.	OFFICERS AND		13.	ngo k argita.site	ADDITIONS/CHANGES TO OFFICER			
TITLE	P	DELET		E		Change Addition		
NAME	SHAFFER, SUSAN		1.2 NAM	1E				
STREET ADDRESS 1167 HILLSBORO MILE STE 10		1.3 5		EET ADDRESS				
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		1.4 CITS	'-ST-ZIP				
TITLE		☐ DELETE	E 2.1 TITL	E		Change Addition		
NAME	S HAFFER, CURTIS L		2.2 NAM	lE				
STREET ADDRESS	1167 HILLSBORO MILE STE 10)2	2.3 STR	EET ADDRESS				
CITY-ST-ZIP	HILLSBORO BCH FL		2. 4 GIT	Y-ST-ZIP				
TITLE		☐ DELETI	E 31 TITL	F.		☐ Change ☐ Addition		
NAME			3.2 NAM	IE				
STREET ADDRESS			3.3 STR	EE1 ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETI	E 4.1 TITL	F [☐ Change ☐ Addition		
NAME			4. 2 NA)	VIE				
STREET ADDRESS			4.3 STRI	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETI	E 5.1 TITL	E		☐ Change ☐ Addition		
NAME			5.2 NAM	1E				
STREET ADDRESS			5.3 STR	eet address				
CITY-ST-ZIP				'-SI-ZIP				
TITLE		DELETI	E 61 TITL	E		☐ Change ☐ Addition		
NAME			6.2 NAM	1E				
STREET ADDRESS			63 STR	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
14. I hereby o	ertify that the information supplied wit	n this filing does not aus	ality for the exer	notion state	d in Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information		

ordinated solution and solution solution with this time does not quality or the exemptor stated in section 119.07(38), Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.