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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000065790 (5)

L.T.S., INC.

Principa	l Place	of	Business
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Mailing Address

1844 N. BELCHER RD. #1010 CLEARWATER FL 34825 1844 N. BELCHER RD. #1010 CLEARWATER FL 34625-1407

FILED Jun 05 1997 8:00am Secretary of State

									·							Date of Last Report 5/26/1996				
2. Principal P	Principal Place of Business 2a. N			Mailing Address					4. FEI Number						Applied For					
21				26						59-3267972						Not Applicable				
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired S8.75 Addition Fee Regulred												
City & State	City & State				City & State							Election Campaign Financing Trust Fund Contribution					\$5.00 May E Added to Fee			
Zip 24	2	Country	29	Zip		30 Co.	ıntry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes										
		nd Address of Cur		lered Age	int	100					ame an		ess of	New						\dashv
CROCK, TIMOTHY P 1409 NELSON AVE.							81 82	Name	Addres	ss (P.O	Box N	umber	s Not	Accen	table)					
CLEARWATER FL 34615							83	Street Address (P.O. Box Number is Not Acceptable)												
						84	City								<u></u>	85	Zip C	ode		
11. Pursuant i	to the provisio egistered agei m familiar with	ns of Sections 607.0 nt, or both, in the Sta	0502 and 6 ale of Florid	07.1508, F da. Such d	lorida Statut hange was 607 0505 FI	tes, the a authorize orida Sta	bove d by tutes	-named the corp	corpo	ration s on's boa	ubmits ird of di	this sta rectors	tement I here	for the	e purpo cept the	se of	chang ointmei	ing its	registere ogistered	ed
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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE										_ \										
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14. I do heret	by certify that I	the information supp	ilied with th	ris filing do	oes not quali	ify for the	exer	nption s	tated i	in Sectio	on 119.0	07(3)(i),	Florid	a Stati	rtes. I fi	urther	certify	that t	he	i i

I do 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 eath; 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.