

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAR -8 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049095**

1. Corporation Name

LMG INTERNATIONAL, INC

Principal Place of Business

Mailing Address

**11423 KIDD LANE
PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **9.15.95** 3b. Date of Last Report

4. FEI Number **45-0514404** 5. Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**'MICHELE GUY
11423 KIDD LANE
PALM BEACH GARDENS, FL 33410**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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

MICHELE GUY PRESIDENT

3.1.95

(Signature, Name, Print, or Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when revoking)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT		
NAME	MICHELE GUY		
STREET ADDRESS	11423 KIDD LANE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	VICE PRESIDENT		
NAME	RICHARD W. GUY		
STREET ADDRESS	12A EMERSON CT. 14 CLIVEDEN		
CITY-ST-ZIP	KINGSTON, JAMAICA		
TITLE	TREASURER		
NAME	THOMAS J. COFFMAN		
STREET ADDRESS	861 SIXTH AVENUE, SUITE 203		
CITY-ST-ZIP	SAN DIEGO, CA 92101		
TITLE	SECRETARY		
NAME	MICHELE GUY		
STREET ADDRESS	11423 KIDD LANE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	6000001426106	
14 CITY-ST-ZIP	-03/10/95-01040-003	
21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	XXXX200.00 XXXX200.00	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.0305, 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 and force 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHELE GUY

PRINTING AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.95 407-624-7593

199.0305, Florida Statutes