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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000068173 (1) **DOCUMENT #**

| LVG IN | TERNATIONAL | , INC. | | | | | | | | | | |
|---|---|--|--|---|--|--|---|--|-----------------|--------------------------------|-----------------------------|---------------------------------------|
| Principal Place of Business Mailing Address | | | | | and the sales of the sales and another and | | | - I 100 100 160 100 10 10 10 10 10 | 11 44111 | ABEN BRICK BIS | /I 1818 1 P | 11911 1000 0 1111 1001 |
| 6624 GATEW SARASOTA F | | 6624 GATEWAY AVENUE SARASOTA FL 34231 | | | | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Quali 09/13/1994 | fied | 3a. Date o | of Last //14/1 | |
| Principal Place of Business The Principal Place of Business | | | 2a. Mailing Address | | | | FI. 10 11 11 11 11 11 11 11 11 11 11 11 | 4. FEI Number Applied For 65-0520667 Not Applied be | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desire | d | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | | Election Campaign Financi Trust Fund Contribution | ng | | | 00 May Be | |
| Zip 24 | Country 25 | | Zip 29 | · , · · · · · · · · · · · · · · · · · | | | | 8. This corporation has liability for intangible tax under's 199.032, Florida Statutes | | | | |
| | 9. Name and Ad | dress of Curre | nt Registered Age | nt | | r · | | 10. Name and Address of N | ew R | egistered A | gent | W . 175 |
| 1 67140 | | | | | 81 | | Name | | | | | |
| LEWIS, KURT F 6624 GATEWAY AVENUE | | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SARASC | TA FL 34231 | | | | 83 | - | | | | | | |
| | | | | | 84 | ١, | City | | | FL | 85 | Zip Code |
| 11. Pursuant to or registere familiar with SIGNATURE | o the provisions of S ad agent, or both, in in, and accept the ob | ections 607.050; the State of Flor digations of, Sec | 2 and 607.1508, Flo ida. Such change w tion 607.0505, Florid | orida Statutes as authorized da Statutes. | , the above-r d by the corp | l nar iora | med corpora ation's board | tion submits this statement for the force of directors. I hereby accept the | ie purj appo | | I—I iging it: egister | s registered office ed agent. I am |
| | Signature typed or printed n | | | (NOTE | | n: 5i | signature reduced s | A PROPERTY OF THE REST OF THE PARTY OF THE P | | DATE | | · · · · · · · · · · · · · · · · · · · |
| 12. | PD | OFFICERS AN | ID DIRECTORS | DELETE | 13. | | | ADDITIONS/CHANGES TO | OFFI | | DIREC' I Chang | |
| TITLE NAME | GRISWOLD, V | ICTOR I | ا لـــا | JELETE | 1. 1 THILE 1.2 NAME | | | | | L | Cliany | e [] Woollon |
| STREET ADDRESS | 6200 80TH AV | | | | | . AF | DODLEC | | | | | |
| CITY-ST-ZIP | DINELLAD DADIC EL | | | | | .3 STREET ADDRESS .4 CITY-ST-ZIP | | | | | | |
| TITLE | | | | DELETE | 2 1 TITLE | ,, | | | | |] Chang | e [] Addition |
| NAME | | | | | 2.2 NAME | | | | | | | _ |
| STREET ADDRESS | | | | | 2 3 STREET | ΑĘ | ODRESS | | | | | |
| CITY-ST-ZIP | | | | | 2.4 CITY - S | ST - | ZiP | | | | | |
| TITLE | | | | DELETE | 3 1 TITLE | | | | | |] Chang | e 🔲 Addition |
| NAME | | | | | 3 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 3 3. STREE | ΙA | .DDRESS | | | | | |
| CITY - S1 - ZIP | | | | | 3.4 CITY - 9 | 31- | ZIP | | | | | |
| TITLE | | | | DELETE | 4. 1 10TLE | | | | | |] Chang | e Addition |
| NAME | | | | | 4.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 4.3 STREET | | | | | | | |
| CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | DCI E1C | 4.4 CITY - S | 31- | ZIP | | | | 1 Chase | a |
| TITLE | | | [] | DELF1E | 5. 1 TITLE | | | | | L |] Chang | e 🔲 Addition |
| NAME | | | | | 5.2 NAME | | | | | | | |
| | | | | | 5.3 STREET | | į | | | | | |
| CITY-ST-ZIP | | | | | 5 4 CITY - 5 | sr- | ZIP | | | | | |

6 4 CITY - ST - ZIP 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 119.07(3)(k), 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 oath; that I am an officer or director of the corporation or the receiver or trustee en powered 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.

6 1 TIFLE

6.2 NAME

6.3 STREFT ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Victor L. Griswold SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change ☐ Addition

CR2E034 (12/95)