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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075894 (3)

L. MYERS SERVICE INC.

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business Mailing Address										
1951 NE 23RD PL POMPANO BEACH FL 33064-5549			1351 NE 23RD PL POMPANO BEACH FL 33064-5549							
							 Date Incorporated or Qualified 10/14/1994 		Date of Last R /25/1996	leport
	lace of Business	h1	lailing Address				4. FEI Number		14	oplied For
Sulte, Apt.	AME	26	uite, Apt. #, etc.			·~ · · · · · · · · · · · · · · · ·	65-0525950		· · · · · · · · · · · · · · · · · · ·	ot Applicable
22	n, 010.	27	a te, rspt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			City & State			6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution			to Fees
Zip	Country	····· 1	ιb	⊢ ¬	untry		8. This corporation has liability for	~	_	. 199.032,
24	25	29	and Amont	30		· · · ·	Florida Statutes	Yes		
9, Name and Address of Current Registered Agent					81	Name	10. Name and Address of New F	egisteret	Agent	
	Y, FAHMY CPA B E ATLANTIC BLVD				L					
	IPANO BEACH FL 33062					2 Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84	City			85 Zip	Code
							orporation submits this statement for the	F	<u>-</u>	
agent. I a SIGNATURE	m familiar with, and accept the ob-	igations of, S	Section 607.0505, F	lorida Sta itt Hegister	alules ed Age	5 .	quired when religible to the Application (Control of Control of Co	DATE		
12. TITLE	D	INC/ DINECTO	DELETE	13. 1.1]		······	ADDITIONS/CHANGES TO OFF	ICERS AF	Change	Addition
NAME	MYERS, LYNN B				NAME					
STREET ADDRESS	% 1351 NE 23RD PL		•			ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33064	-5549		1,4 (DITY-S	1 · 7IP				
TITLE			☐ DELETE	211	IIILE				Change	Addition
NAME				221	NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE		CHY-S	31 - ZIP			Change	Addition
NAME			LJ DATEAL	311 321		ľ			L_ Change	E MODITION
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					риту - 8	ļ				
TITLE			DELETE	4 1 1					Change	Addition
NAME				4.2	NAME					
STREET ADDRESS				435	STREET	ADDRESS				
CITY-ST-ZIP				440	PIY-S	1 - ZiP				
TITLE			☐ DELETE	511	HTLE				Change	Addition
NAME				1	MAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE		CITY-S	I - ZIP		· · · · ·	Phase	New York
TITLE			☐ DELFTE	6.11					☐ Change	Addition

14. 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 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.

FILED

Apr 29 1997 8:00am

Secretary of State