

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

0233072 CP

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001911 (3)

1. Corporation Name

LFS DIRECT, INC.



Principal Place of Business

Mailing Address

6900 SW 21ST CT
FT LAUDERDALE FL 33317

6900 SW 21ST CT
FT LAUDERDALE FL 33317

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1995

4. FEI Number

65-0553346

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 2071 S.W. 70 Ave.

26 2071 SW 70 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 G-21

27 G-21

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33317

25

29 33317

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON RD, 214
FT LAUDERDALE FL 33326

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

Signature typed or printed name of registered agent and title, if applicable

(If the Registered Agent Signature is not a physical signature, the signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	SANDS, LESLIE	
STREET ADDRESS	6900 SW 21 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	D	☐ DELETE
NAME	SANDS, FRANKLIN	
STREET ADDRESS	6900 SW 21ST CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

Designation #

CR2E034 (12/95)