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 # P95000001911 (3)

LFS DIRECT, INC.

FILED Apr 21 1997 8:00am Secretary of State

| | L MITTER AMELIE | I IFRIA IBIDI | (48 B) 15 B) (8 B) |
|--|-----------------|-------------------|--------------------|

| Principal Place of Business Mailing Address 2071 8W 70 AVE C21 F7 LAUDERDALE FL 33317 US Address Address 2071 8W 70 AVE C321 F7 LAUDERDALE FL 33317-7347 US 3. Date Incorporated or Que | | | | | |
|---|---|--|--|--|--|
| 01/03/1995 | 05/01/1996 | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | Applied For | | | | |
| 26 65-0553346 | Not Applicable | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desir | red \$8.75 Additional Fee Required | | | | |
| City & State City & State 6. Election Campaign Finance | , Table 1110 | | | | |
| 28 Trust Fund Contribution Zip Country Zip Country | Added to Fees | | | | |
| 6. This corporation has liable | ility for intangible tax under s. 199.032, Yes No | | | | |
| 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10, Name and Address of N | | | | | |
| LEGAL INFORMATIONS SERVICES, INC. 81 Name | | | | | |
| COM WESTAN DD 944 | Chart Address (D.O. Day Alyeshay a Not Association) | | | | |
| FT LAUDERDALE FL 33326 | cceptable) | | | | |
| 83 | | | | | |
| 84 City | 85 Zip Code | | | | |
| Oity | 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 trapisfered agreal and talls if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE | | | | |
| | OFFICERS AND DIRECTORS IN 12 Change Addition | | | | |
| TITLE D | M Change ☐ Addition 6 | | | | |
| NAME SANDS, LESLIE 12 NAME SANDS, LESLIE SANDS, LESLIE 1.3 STREET ADDRESS 0071 SW 70 AV | VE /101 | | | | |
| STREET ADDRESS 6900 SW 21 CT 1.3 STREET ADDRESS 907/ 5W '70 AV | VE 621 FL 33317-7347 Chance Addition O | | | | |
| | FL 333/9-1347 No Change ☐ Addition | | | | |
| NAME SANDS, FRANKLIN LI DELETE 21 TILLE 22 NAME SANDS, FRANKLIN | JN Change Discoultren | | | | |
| STREET ADDRESS 6900 SW 21ST CT 2.3 STREET ADDRESS 2071 SW 70 AV | 1= 621 | | | | |
| CITY-ST-ZIP FT LAUDERDALE FL 33317 2.4 CITY-ST-ZIP FT. LAUDER DALE | IN IE 621 FL 33317-7347 | | | | |
| TITLE DELETE 31 TITLE | Change Addition | | | | |
| NAME 32 NAME | | | | | |
| STREET ADDRESS 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP 3.4. CNY-ST-ZIP | | | | | |
| TITLE DELETE 4.1 TITLE | Change Addition | | | | |
| NAME 4.2 NAME | | | | | |
| STREET ADDRESS 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP | | | | | |
| TITLE DELETE 5.1 TITLE | Change Addition | | | | |
| NAME 52 NAME | | | | | |
| STREET ADDRESS . 5 3 STREET ADDRESS | | | | | |
| C(TY-ST-ZIP 5.4 C(TY-S1-7IP | | | | | |
| TITLE DELETE 6.1 TITLE | Change Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS 6 3 STREET ADDRESS | | | | | |
| CRY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 accurate and the receiver 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 accurate