

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

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000030780 (7)**

1. Corporation Name
L&M OF CENTRAL FLORIDA, INC.

Principal Place of Business 3383 W VINE ST SUITE 307 KISSIMMEE FL 34741 US	Mailing Address P.O. BOX 787 LOUGHMAN FL 33858 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3495 WEST VINE ST.		2a. Mailing Address P.O. Box 787		3. Date Incorporated or Qualified 04/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3306875	
22. City & State KISSIMMEE, FLORIDA		27. City & State LOUGHMAN, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 34741		28. Zip 33858		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALVEMINI, LOUIS 237 NEW MEXICO LANE DAVENPORT FL 33837		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		86. State	

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 Louis Salvemini DP [Signature] DATE 3/13/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVEMINI, LOUIS	1.2 NAME	
STREET ADDRESS	237 NEW MEXICO LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, WILLIAM	2.2 NAME	
STREET ADDRESS	2404 RAVENDALE CRT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVEMINI, FRANCES A.	3.2 NAME	
STREET ADDRESS	237 NEW MEXICO LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERICKSON, LISA M.	4.2 NAME	
STREET ADDRESS	2404 RAVENDALE CRT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: [Signature] Louis Salvemini DATE: 3/18/98 PHONE: 407-932-3353

Signature, typed or printed name of signing officer or director. Date, daytime phone #, and fax #.

CR2E034 (10/97)