

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90132 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000030780**

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



Principal Place of Business 3495 WEST VINE STREET <del>SUITE 307</del> 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 21 <b>3495 WEST VINE ST.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>P.O. Box 787</b> Suite, Apt. #, etc. 27
23 <b>Kissimmee FL</b> City & State 24 <b>34741</b> 25 <b>FL</b> Zip Country	28 <b>LOUGHMAN FL</b> City & State 29 <b>33858</b> 30 <b>US</b> Zip Country

3. Date Incorporated or Qualified <b>04/10/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3306875</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 **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: Louis Salvemini [Signature] DATE: 4-26-99

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	SALVEMINI, LOUIS	
STREET ADDRESS	237 NEW MEXICO LANE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	VP	
NAME	HENDRICKSON, WILLIAM	
STREET ADDRESS	2404 RAVENDALE CRT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	
NAME	SALVEMINI, FRANCES A.	
STREET ADDRESS	237 NEW MEXICO LN	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	
NAME	HENDERICKSON, LISA M.	
STREET ADDRESS	2404 RAVENDALE CRT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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(5)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4-26-99 TELEPHONE: 407-932-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Phone #

CR2E034 (1/98)