

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040035 (4)

1. Corporation Name

LCI, INC. OF MARGATE



Principal Place of Business

4971 SW3 8TH STREET
MARGATE FL 33068

Mailing Address

4971 SW3 8TH STREET
MARGATE FL 33068

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5712 S. FLAMINGO RD.

26

4. FEI Number

65-0599435

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 COOPER CITY, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33330

25

USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, THOMAS W

8534 SW 5TH STREET #102
PEMBROKE PINES FL 33025

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5712 S. FLAMINGO RD.

83

84

COOPER CITY

FL

85 Zip Code

33330

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 THOMAS W. PERRY

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

(NOTE: Registered Agent signature required upon reinstating)

DATE

4/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/TREASURER ☐ DELETE
NAME THOMAS W. PERRY
STREET ADDRESS 4971 S.W. 8th St.
CITY-ST-ZIP MARGATE, FL 33068

TITLE VICE PRES./SECRETARY ☐ DELETE
NAME LINDA A. CLAYTON
STREET ADDRESS 4971 S.W. 8th St.
CITY-ST-ZIP MARGATE, FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. PERRY

4/27/96

954-680-8200

PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)