


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90257 015 ***150.00

DOCUMENT # P95000040035	
1. Entity Name LCI, INC. OF MARGATE	

Principal Place of Business 6880 DYKES RD DAVIE FL 33331 US	Mailing Address 6880 DYKES RD DAVIE FL 33331 US
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34056036



MOORE CR2E034 (11/03)

2. Principal Place of Business 11011 SHERIDAN ST. SUITE 310 COOPER CITY, FL 33026 USA	3. Mailing Address 11011 SHERIDAN ST. SUITE 310 COOPER CITY, FL 33026 USA
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4. FEI Number 65-0599435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, THOMAS W 6880 DYKES RD DAVIE FL 33331	
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7. Name and Address of New Registered Agent 11011 SHERIDAN ST. SUITE 310 COOPER CITY FL 33026	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Thomas W. Perry</i> THOMAS W. PERRY 4/17/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRY, THOMAS W		NAME	
STREET ADDRESS 641 CYPRESS POINTE DR W		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDA, CLAYTON A		NAME	
STREET ADDRESS 641 CYPRESS POINTE DR W		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Thomas W. Perry</i> THOMAS W. PERRY 4/17/04 954-517-9400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>	