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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000050919 (6)

LMNO INC.

SIGNATURE:

Principal Phase of Projects								
Principal Place of Business Mailing Address								
7 RIO VISTA TEQUESTA		7 RIO VISTA DRIVE TEQUESTA FL 33469						
						3. Date incorporated or Qualified 3a. Date of Last Report 06/29/1995		
	Place of Business	2a. Mailing Address				4. FEL Number Applied For		
Suite, Apt. #, etc.		Suite An* # etc	Suite, Apt. #, etc			5 Coditional Claim Depart Not Applicable S8.75 Additional		
22		<u> </u>	27			5. Certificate of Status Desired Fee Required		
City & State		Orty & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζiρ	Country	Ζφ	Cour	itry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes Yes No		
	9. Name and Address of Curr	rent Registered Agent		04	N	10. Name and Address of New Registered Agent		
				81	Name			
	I, SUSAN			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	/ISTA DRIVE STA FL 33469		-	83				
IEGOL	OINTE COTO		-	04		[az 7 a O d		
			İ	84	City	FL 85 Zip Code		
SIGNATURE	with, and accept the obligations of, Si Signature, typed or protection to of registered as	jout and Nordang woodship	rille Begistere : z	اد بل	l Sajital no taxporo	LATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	- 	AND DIRECTORS	13.		···· - ·· - - ····			
TITLE NAME	D Mason, Susan	☐ 0e.c (c		1 1 TITLE 12 NAME		Change Addition		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469							
TITLE	125020777250705	☐ DELE7E		1 4 CITY-ST ZIP 2 1 TITLE		Change Addition		
NAME			2.2 NAI	2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			2 3 STF					
CITY - ST - ZiP			2.4 CITY \$1 - ZIP		1 - ZIP			
THILE		☐ DELETE		3 1 1011.6		Change Addition		
NAME			3 2 NAI					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		DELETE	34 CH 4 1 M		1.70	☐ Change ☐ Addition		
NAME			4.2 NAI					
STREET ADDRESS			4 3 STF	REFF	ADDRESS			
CITY-ST-ZIP			4.4.011	Y SI	1 ZIP			
TITLE		☐ DELETE	5 1 711	115		Change Addition		
NAME			5 2 NA	MÉ				
STREET ADDRESS			5 3 STF	REEL	ADDRESS			
CiTY-ST-ZIP		F-1 F(F1 C)	5 4 011		I - ZIP			
TITLE	☐ DELETE		6 1 THE			Change Addition		
NAME PROFES ADDOLOG			6 2 NA/		ATTRECCE .			
STREET ADDRESS					ADDRESS L. Zim			
14. do here	Lby certify that the information supple	ed with this filing is voluntarily fu	640H mished and c			for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		
certify the oath; tha	at the information indicated on trils a	nnual report or supplemental ar reporation or the receiver or trust	mual report is sec embowers	tru	ie and accura	ate and that my signature shall have the same legal effect as if made under its report as required by Chapter 607, Florida Statutes; and that my name		