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PROFIT CORPORATION, ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

LMNO INC.

Principal	Place	of Business
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7 RIO VISTA DRIVE TEQUESTA FL 33469 Mailing Address

7 RIO VISTA DRIVE TEQUESTA FL 33469

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90025 050 ***150.00



					DO NOT WRITE	IN THIS SPACE	<u> </u>
					 Date Incorporated or Qualifed 06/29/1995 		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For	
21	——————————————————————————————————————				65-0596911		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	••	
27			5. Certifcate of Status Desired Fee Requi				
City & State City & State				6. Election Campaign Financing	¬ \$5.00 i	May Bo	
23 28			Trust Fund Contribution Added to				
Zip	Country Zip		Country	Country 8. This corporation owes the current year intangible			
24	[25]	29 30			Personal Property Tax.		□No
24]	9. Name and Address of Current		<u> </u>		10. Name and Address of New Reg		***
	The Color of the State of the S		81	Name			
MASON, SUSAN							
7 RIO VISTA DRIVE			82	Street Add	fress (P.O. Box Number is Not Acceptable	e)	
TEQUESTA FL 33469			83		5 . E 65 . kers kers kers	8.01 5.7 k 3 7/2 59/2 16/6!	146.3 Fr (F)
iLu	DESTA LE 30-109		03				
		•	84	City	18 . 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip'C	ode 3
	, s	4.44			the state of	FL	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of changing its i	registered
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes	тне согроган 3.	ion a board of differences. I hereby decept t	no appointment as reg	,
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature require	ed when reinstaling)	DATE	•
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE .	D	☐ DELETÉ	1.1 TITLE			Change	☐ Addition
NAME	MASON, SUSAN		1.2 NAME		•		
STREET ADDRESS	7 RIO VISTA DRIVE		1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY+S	ST- ZIP			
TITLE	1200	☐ DELETÉ	2.1 TITLE			☐ Change	☐ Addition
NAME	,		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	4.4	15. 25	2. 4 CITY-5				
TITLE		☐ DELETE	3.1 TITLE	51-21		☐ Change ^	Addition
NAME			3.2 NAME				_
	J 1939 A 200 C		3.3 STREE	T 40000000			
STREET ADDRESS	SENSE CLASSIC						13. Call 158
	A Contract of the Contract of				e e Maria de Maria	四國門是梅	1 100
CITY-ST-ZIP	AND A CONTRACTOR		3.4. CITY-5		(1000)	Change	Addition
TITLE	With First State	DELETE	3.4. CITY-5 4.1 TITLE	ST- ZIP	- 1770年 - 17	☐ Chănge	Addition
NAME NAME	arca e e e e e e e e e e e e e e e e e e e	☐ DELETE	3.4. CITY-5 4.1 TITLE 4. 2 NAME	ST-ZIP	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	☐ Change	Addition
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indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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 is changed, or on an attachment with an address, with all other like approvement.