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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90131 016 ***150.00

DOCUMENT # P95000076135

1. Corporation Name

LC ENTERPRISES, INC.					
]					
		14 9° A 4 4			
Principal Place of Business Mailing Address					
101 PHILIPPE PARKWAY 101 PHILIPPE PARKWAY 300 300					
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695				DO NOT WRITE IN TH	IIS SPACE
US US				3. Date Incorporated or Qualifed	
				10/03/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			<u>59-3341962</u>	Not Applicable	
— · · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 27					Fee Required
<u> </u>	City & State City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country		Country	Trust Fund Contribution	
·	25	29 3	¬ '	8. This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curren		0	10. Name and Address of New Registere	
			81 Name		
	KER, GERALD C		82 Street A	ddagar (D.O. Day Number is Not Assentable)	
101 PHILLIPPE PARKWAY			62 Street A	ddress (P.O. Box Number is Not Acceptable)	
STE 300			83		
SAFETY HARBOR FL 34695			24 04	·····	85 Zip Code
			84 City	F	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 CONTROL 4 9199					
	• · · · · · · · · · · · · · · · · · · ·	nt and title if applicable. (NOTE: Re	egistered Agent signature rec		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D CEDALD C	SLETE	1.1 TITLE		☐ Criarge ☐ Addition
NAME	PARKER, GERALD C	OOD	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
I TITLE	D NEDM ALEVANDED	DELLIE	2.2 NAME		
NAME .	Hern, Alexander 101 Phillippe Pkwy., 2ND Fl	OOD	2.3 STREET ADDRESS		
STREET ADDRESS	SAFETY HARBOR FL 34695	.0011	2.4 CITY+ST+ZIP		Į.
CITY-ST-ZIP	OALLIT HARDON L 34033		3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CfTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STOCET ADDDESS			6.3 STREET ADDRESS		1

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(3)(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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: