SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



ANNUA	PORATION AL REPORT 996	Secreta	B Mortham iry of State CORPORATIONS			
		00081089 (1)				
		LTH CONSULTANTS, INC	C.			
Principal Place of Business Mailing Address					TATILI BAKIL ABUK ABKAL HAMAL I	(S)) ABIA1 IBIID KAIL IBBI
11016 N DALE I FAMPA FL 3361	MABRY HWY	11016 N DALE MABRY HWY TAMPA FL 33618-3802		, ,	3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1995	
Principal Pla	ane of Business	2a. Mailing Address		4 FELNumber	111 20	Applied For
2. Principal Place of Business		26		58-2208	4017	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	···		Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		inancing	\$5.00 May Be
City & State	;	28		Trust Fund Contribut		Added to Fees
Z <sub>i</sub> p	Country	Zip	Country	8. This corporation has		tax under sil 199 032. Linus
<del>-</del>	25	29	30	Fiorida Statutes  10. Name and Address	YesYes	No
	9. Name and Address of Cu	rrent Registered Agent	81 Nan		or New Registered	<u>.gent</u>
1. Pursuant	to the provisions of Sections 607	7 0502 and 607,1508. Florida Stat State of Florida. Such change was	utes the above-names authorized by the co	id corporation submits this statem imporation's board of directors. The	ent for the purpose of preby accept the appo	85 Zip Code changing its registered intment as registered
agent La	am familiar with, and accept the o	obligations of Section 607,0505	Florida Statutés			
				and the second second	DATE	
SIGNATURE	Signature, type diperprinted habit, of register			ture required when relistating? ADDITIONS/CHANG	ES TO OFFICERS AND	DIPLOTORS IN 12
SIGNATURE	Signature type doe profedinance discipline OFFICER	st agent and title if approache (f) S AND DIRECTORS DELETE	13.	tate inquired when rendal right ADDITIONS/CHANG	ES TO OFFICERS AND	DIBECTORS IN 12 Change Addit or
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14. I do horeby 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 Statules 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 eath, that I am an officer of director oil the director oil the director of trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR