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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 27 1997 8:00am  
Secretary of State

DOCUMENT # P95000085818 (9)

1. Corporation Name  
LT & T, INC.

Principal Place of Business  
1245 SOUTH 41 BY-PASS  
VENICE FL 34292

Mailing Address  
1245 SOUTH 41 BY-PASS  
VENICE FL 34292



3. Date Incorporated or Qualified  
11/07/1995

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDVAR, THOMAS V  
1245 SOUTH 41 BY-PASS  
VENICE FL 34292

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Thomas V. Medvar Pres

THOMAS V. MEDVAR

3/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MEDVAR, THOMAS V  
500 THE ESPLANADE, N UNIT 602  
VENICE FL 34292

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MEDVAR, LOIS A  
500 THE ESPLANADE, N UNIT 602  
VENICE FL 34292

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MEDVAR, THOMAS V JR  
259 FENWICK DR UNIT C-38  
VENICE FL 34292

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change  
Addition

14. I do 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.

SIGNATURE: Thomas V. Medvar

3-19-97

941-484-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)