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

1550 1.4517 " P

P95000087470 (7)

DOCUMENT # 1. Corporation Name LGR, INC.



| Principal Place | e of Business | Mailing A | odress | | | | | |
|--------------------------|--|---|--|--------------------|--------------------|---|-------------------|----------------------------|
| | ROUGHBRED RIXIX LANE RDALE FL 33330 | 5530 FT LA | 530 THOROUGHBRED BY LANE T LAUDERDALE FL 33330 | | | | | |
| | | | | | | 3. Date Incorporated or Qualified | 3a. Date | of Last Report |
| 2. Principal Pl | lace of Business | 2a. Mailin | g Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | 26 | | | Applied for | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | \$8.75 Additional | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | Fee Required |
| City & State | е | City & | State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Ш | Added to Fees |
| Zip | Country | Zip | | Country | , | 8. This corporation has liability for | intangible tax | under s 199.032, |
| 24 | 25 | 29 | | 30 | | | □ No | |
| | 9. Name and Address of Cur | rent Registered A | \gent | | | 10. Name and Address of New F | legistered A | gent |
| MORR | RALL, MATTHEW E | | | 81 | Name | | | |
| | E SUNRISE BLVD | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ole) | |
| | HOUSE W | | | 83 | ļ | | | |
| | UDERDALE FL 33304 | | | | | | | |
| ,,,,,, | ODENDALE I'E GOODY | | | 84 | City | | | 85 Zip Code |
| | | | | | | | <u> </u> | |
| 11. Pursuant or register | to the provisions of Sections 607.05 red agent, or both, in the State of FI | 502 and 607.1508, Iorida: Such charm | . Florida Statut e was authori: | tes, the above- | named corpo | oration submits this statement for the pur and of directors. Thereby accept the appl | pose of chan | ging its registered office |
| familiar wi | ith, and accept the obligations of, S | ection 607.0505 | Igrida Statute: | S. | CACIOTIS DO | and or amedica's Triefeby accept the appr | . 4 | egistered agent. Fam |
| SIGNATURE | Matthew E. | Monde | (| | | | 4/10/ | 6 |
| | Signature, typed or printed name of registerest a | | (N. | DIE Begisteled Age | 1 Signature region | | DA" <u>t</u> | |
| 12. | OFFICERS A | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFF | | |
| TITLE | JOHNSON, A. G. | l | DELETE | 1 1 TITLE | | | L. | Change |
| NAME | 5530 THROUGHBRED BL | ₩D JANE | | 1.2 NAM: | | | | |
| STREET ADDRESS | FT LAUDERDALE FL 333 | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | The order | 1.4 CITY : | ST - ZIP | | | |
| TITLE | | L | DELETE | 2 1 TITLE | | | | Change Addition |
| NAME | | | | 2.2 NAME | | | | |
| STREET ACIDRESS | | | | 2.3 STREE | | | | |
| CITY-ST-ZIP | | | | 2 4 CITY - 5 | SF - ZIP | | | <u> </u> |
| TITLE | | ι | DELETE | 3 1 1011 | | | | Change Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREE | : ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITV - S | I - 712 | | | |
| TIFLE | | ı | DELETE | 4 1 THILE | | | | Change Addition |
| NAME | | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | T DELETE | 4.4 CITY - S | : ZIP | | | |
| TITLE | | l | DEFELE | 5 1 TIFLE | | | | Change |
| NAME | | | | 5 2 NAME | İ | | | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 Cily - 5 | 1 - ZIP | | | |
| TITLE | | [| DELETE | 6 1 TITLE | | | | Change |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | € 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CHY - 9 | E 206 | | | |

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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: X SIGNATURE

NO TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR
A. G. JOHNSON JR, PRES.

6 x (954) X 467-4183