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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064442 (2)**

1. Corporation Name

LD FINANCIAL MANAGEMENT, INC.

320

Principal Place of Business

**7777 GLADES ROAD
SUITE 410
BOCA RATON FL 33434**

Mailing Address

**7777 GLADES ROAD
SUITE 410
BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0693494	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		25		30	
24		25		29	
24		25		29	

9. Name and Address of Current Registered Agent

**ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81	Name	Hoyos, Jeffery
82	Street Address (P.O. Box Number is Not Acceptable)	7777 Glades Road
83	Suite	Suite 410
84	City	Boca Raton
85	Zip Code	FL 33434

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

[Signature]

Jeffery Hoyos

3-30-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		1.1 TITLE	
STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
1.1 TITLE		1.4 CITY-ST-ZIP	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
2.1 TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
3.1 TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
4.1 TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
5.1 TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
6.1 TITLE		6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
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 no changes.

SIGNATURE:

[Signature]

Jeffery Hoyos 3/14/98 (510) 482-6100

CR2E034 (10/97)