


FILED


Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

Jan 27 1997 8:00am
Secretary of State



DOCUMENT # P96000077047 (4)
1. Corporation Name
L.C.D.S. ASSOCIATES, INC.

Principal Place of Business
2345 CHESHIRE BRIDGE ROAD
SUITE 4
ATLANTA GA 30324

Mailing Address
2345 CHESHIRE BRIDGE ROAD
SUITE 4
ATLANTA GA 30324-3758

2. Principal Place of Business
21 913 East North Blvd.
Suite, Apt #, etc.
22 Suite G
City & State
23 Leesburg, FL
Zip
24 34748
25 Country

2a. Mailing Address
26 2441 Cheshire Bridge Rd.
Suite, Apt #, etc.
27 Suite 130
City & State
28 Atlanta, GA
Zip
29 30324-3760
30 Country

3. Date Incorporated or Qualified
09/17/1996

3a. Date of Last Report

4. FEI Number
59-3398359

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
ELSBERRY, MICHAEL V
215 NORTH EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5
1.6
1.7
1.8
1.9
1.10
1.11
1.12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5
1.6
1.7
1.8
1.9
1.10
1.11
1.12

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

0011700