

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90118 039 ***158.50

DOCUMENT # **P 960000 77717 OK**

1. Corporation Name

L.C. DIFFUSION, INC.

Principal Place of Business

Mailing Address

**2440 SE Federal Hwy
Suite T
Stuart, FL 34994**

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Suite T
Stuart, FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

65-069774

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 4900 Powerline Road

Suite, Apt. #, etc.

22 Suite 430

City & State

23 Fort Lauderdale FL 33309

Zip Country

24 33309

25

2a. Mailing Address

26 4900 Powerline Road

Suite, Apt. #, etc.

27 Suite 430

City & State

28 Fort Lauderdale FL

Zip Country

29 33309

30

9. Name and Address of Current Registered Agent

**MacDaniel, John M
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**

10. Name and Address of New Registered Agent

81 Name

LIONEL PINELLI

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

4900 Powerline Road

Suite 430

83 City

Ft. Lauderdale

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.4608, 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]**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/1999

12. OFFICERS AND DIRECTORS

TITLE **MACDANIEL, JOHN M** ☒ DELETE
NAME
STREET ADDRESS **ONE BISCAYNE TOWER, SUITE 2975**
CITY-ST-ZIP **TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **LIONEL PINELLI** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **4900 Powerline Road**
1.4 CITY-ST-ZIP **Suite 430
Ft. Lauderdale FL 33309**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/99

Date

954.557 0972

Daytime Phone #

CR2E034 (11/98)