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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000093676 (0)

LPS ASSOCIATES, INC.

**FILED** May 11 1998 8:00am Secretary of State



	e of Business	Mailing Address			'"	ABIJABI 618 JOIN BIILI BAILI			
18 WEST AVENUE B. SUITE 2 MELBOURNE FL 32901		18 WEST AVENUE B. SUITE 2							
MELBOURNE	LF 25901	MELBOURNE FL 32901			1	DO NOT V	WRITE IN THIS	SPACE	
					3. Date	Incorporated or Qual	ified		
					11/	15/1996			
⊢ ``	lace of Business	2a. Mailing Address	7 . /	1-01	4. FEI N			1	Applied For
21		26 551 5/1	90//	o BIXO	5 5	9-3409552		<del>_</del>	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certif	ficate of Status Desire	ed 🔲		Additional Required
City & State	9	City & State			6 Electi	ion Campaign Financ	ina		May Be
23		28 Melbourne	FI	3390		Fund Contribution	"' <sup>9</sup> 🔲		I to Fees
Zip	Country	21p 2 p 0	, Co	untry	/ 8. This	corporation owes or h	as paid the cu	rrent year li	ntangible
24	25	28 25/901	30 Z	Brevar	d Perso	onal Property Tax due	June 30,	Yes	□ No
	g, Name and Address of Current F	Registered Agent				e and Address of Ne	w Registered	Agent	
	MERILAWYER CHARTERED			81 Name					
34:	3 <b>ALM</b> ERIA AVENUE			82 Street	Address (P.O. Bo	ox Number is Not Acc	eptable)		
CC	ORAL GABLES FL 33134						<u> </u>		
				83					
				84 City				85 Zir	Code
							<u> </u>		-
11. Pursuant t	to the provisions of Sections 607.0502 a egistored agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statul f Florida, Such channe was	tes, the a authorize	above-named	corporation subtrocration's board	mits this statement for of directors. I hereby	the purpose of accept the an	of changing	its registered
agent. 1 ar	m familiar with, and accept the obligation	ons of, Section 607.0505, FI	orida Sta	itutes.		,			
SIGNATURE					required when reinstali				
	Signature, typed or printed name of regil tered agent a	and the it sould able (NO)	II Registere	ndeana kaona ba	a required whos reinstali	ina)	DATE		
12	OFFICERS AND I							ID DIBECTO	DC IN 12
12, TITLE	OFFICERS AND F	DIRECTORS	13.		ADDIT	IONS/CHANGES TO	OFFICERS AN		
TITLE	PD		13.	IITLE	ADDIT	IONS/CHANGES TO	OFFICERS AN	D DIRECTO Change	
TITLE NAME	PD CAMPBELL, SEAN F	DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME	ADDIT	IONS/CHANGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS	PD Campbell, Sean F 18 West Avenue B, Suite 2	DIRECTORS	13. 1.1 7 1.2 N 1.3 S	TITLE NAME STREET ADDRESS	ADDIT	IONS/CHANGES TO	OFFICERS AN		
TITLE NAME	PD CAMPBELL, SEAN F	DIRECTORS	13. 1.1 7 1.2 N 1.3 S	ittle Name Street address Oty-St-21P	ADDIT		OFFICERS AN		
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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 repetyer 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 other chapter 607.

4-20-00