

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90011 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000009835**

1. Corporation Name

**L & M OF SOUTHWEST FL, INC.**

Principal Place of Business

4174 EDGEWOOD AVENUE  
FT. MYERS FL 33916

Mailing Address

4174 EDGEWOOD AVENUE  
FT. MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0808883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 14819 TAMiami TRAIL

Suite, Apt. #, etc.

2a. Mailing Address

28 Suite, Apt. #, etc.

City &amp; State

23 NORTH PORT, FL

City &amp; State

28

Zip Country

24 34287-2716 25

Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

JEAN ALIMENTI

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

4174 EDGEWOOD AVENUE

83

84 City

FORT MYERS

FL

85 Zip Code

33916

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



JEAN ALIMENTI, SECRETARY

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME LEONZIO, USA  
STREET ADDRESS 4174 EDGEWOOD AVENUE  
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☐ DELETE

ST  
NAME ALIMENTI, JEANE  
STREET ADDRESS 4174 EDGEWOOD AVENUE  
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☒ DELETE

V  
NAME LEONZIO, MICHAEL  
STREET ADDRESS 4174 EDGEWOOD AVENUE  
CITY-ST-ZIP FT. MYERS FL 33916

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 ☒ Change ☐ Addition

D/P  
NAME LISA LEONZIO  
STREET ADDRESS 428 ROCK CHURCH ROAD  
CITY-ST-ZIP ELKTON, MARYLAND 21921

2.1 TITLE ☒ Change ☐ Addition

D/S/T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 423-0779

Daytime Phone #

CR2E034 (11/98)