

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 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90087 016 \*\*\*150.00

DOCUMENT # **P98000024199**

1. Corporation Name  
**LTS INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9400 4TH STREET NORTH  
SUITE 107  
ST PETERSBURG FL 33702**

Mailing Address

**9400 4TH STREET NORTH  
SUITE 107  
ST PETERSBURG FL 33702**

2. Principal Place of Business

21 **3637 4th. Street N.**

Suite, Apt. #, etc.

22 **Suite 480**

City & State

23 **St. Petersburg, FL**

Zip

24 **33704**

Country

25 **USA**

2a. Mailing Address

26 **3637 4th. Street N.**

Suite, Apt. #, etc.

27 **Suite 480**

City & State

28 **St. Petersburg, FL**

Zip

29 **33704**

Country

30 **USA**

3. Date Incorporated or Qualified

**03/16/1998**

4. FEI Number

**59-3498443**

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

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **PENKETHMAN, THOMAS E**  
STREET ADDRESS **9400 4TH STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **SVD** ☐ DELETE

NAME **PEMBERTON, ALEX E**  
STREET ADDRESS **9400 4TH STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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: **Thomas E. Penkethman** 2-19-99 727-895-7744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0406431