Applied For

Not Applicable

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**

DOCUMENT # P98000074164

1. Corporation Name

LPM FINANCIAL SERVICE CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

1018-11G WEST BRANDON BLVD. BRANDON FL 33510

2. Principal Place of Business

21

1018-11G WEST BRANDON BLVD.

BRANDON FL 33510

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90222 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/21/1998 4. FEI Number

| Suite, Apt. #, etc. | | | е, Арт. #, етс. | | | 5. Certificate of Status Desired Fee Required | | |
|---|---|----------------------------|--|---|---|---|--|----|
| 22 | <u></u> | 27 Cib | P Ctato | | | | | |
| City & State | ty & State - City & State - 28 | | | | 8. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | | Country | 1 | This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | 30 |) | | Personal Property Tax. | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 | Name | | | |
| MURAGLIA, GERALD 1018-11G WEST BRANDON BLVD. BRANDON FL 33510 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | 83 |
| | | | | | | | | 84 |
| | | | | | , | FL ! | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.15 | 08, Florida Statutes, | the abov | e-named c | corporation submits this statement for the purpose of changing its registered | | |
| office or fi | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida, Stons of Sections | uch change was auth tion 607.0505. Florid | prized by a Statutes | the corpor | ration's board of directors. I nereby accept the appointment as registered | | |
| | | | | Outlet | /. | Mlury Lu 4/20/99 | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applic | able. NOTE: Re | egistered Age | nt signature re | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | DIRECTO | RS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | | ☐ DELETE | 1.1 TMLE |] | DENN'S MURACLIA Change Addition | | |
| NAME | LEITNER, WILLIAM | | | 1.2 NAME | K | VI PRES - WILLY 306 | | |
| STREET ADDRESS | 1000 W. BRANDON BLVD. | | | 1.3 STREE | TADDRESS | 10492.5 Huy 306 ASCA PAHOF. N.C. 28510 | | |
| CITY-ST-ZIP | BRANDON FL 33510 | | | 1.4 CITY-S | T-ZIP | ARABAHOF N.C. 28310 | | |
| TITLE | D | | DELETE | 2.1 TITLE | ľ | ☐ Change ☐ Addition | | |
| NAME | PACK, ALICE L | | | 2.2 NAME | İ | | | |
| STREET ADDRESS | 2201 BANDY LANE | | | 2.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | SEFFNER FL 33584 | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | D | | DELETE - | '3.1 TITLE | - | ☐ Change ☐ Addition | | |
| NAME | MURAGLIA, GERALD | | | 3.2 NAME | | | | |
| STREET ADDRESS | 602 VALLE VISTA DRIVE | | | 3.3 \$TREE | TADDRESS | • | | |
| CITY-ST-ZIP | BRANDON FL 33511 | | | 3.4. CITY- | ST-ZIP | | | |
| TITLE | | | DELETE | 4.1 TITLE | | Change Addition | | |
| NAME | } | | | 4.2 NAME | - | | | |
| STREET ADDRESS | | | | 4.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-5 | IT-ZIP | <u></u> | | |
| TITLE | | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | 5.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-5 | T-ZIP | | | |
| TITLE | | | DELETE | 6.1 YITLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADORESS | | | | 6.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-5 | iT-ZIP | | | |
| OH TOTAL | } | Ale to Attion or | doos and qualify for th | | | Lin Coction 110 07/3\(\text{ii}\) Florida Statutes I further certify that the information | | |

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 turther 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.