

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90100 012 ***158.75

DOCUMENT # P98000093888

1. Corporation Name
L & D SERVICES, INC.

Principal Place of Business
4629 LINCOLN STREET
HOLLYWOOD FL 33021

Mailing Address
4629 LINCOLN STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

05-0876532

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

2. Principal Place of Business

21 15481 TURNBULL DRIVE

2a. Mailing Address

26 15481 TURNBULL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI LAKES FL

City & State

28 MIAMI LAKES, FL

Zip

24 33014

Country

Zip

29 33014

Country

30

9. Name and Address of Current Registered Agent

REED, LISETTE M
4629 LINCOLN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

LISETTE M. REED

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

15481 TURNBULL DR.

83

84 City

MIAMI LAKES

FL

85

33014

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

LiSette M. Reed, PRESIDENT

4/2/99

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 VD
NAME REED, LISETTE
STREET ADDRESS 4629 LINCOLN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

□ DELETE

TITLE VD
NAME REED, DARRYL
STREET ADDRESS 4629 LINCOLN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

□ DELETE

TITLE SD
NAME ROLLES, DONNA
STREET ADDRESS 4629 LINCOLN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME LISETTE REED
1.3 STREET ADDRESS 15481 TURNBULL DRIVE
1.4 CITY-ST-ZIP MIAMI LAKES, FL. 33014

X Change

□ Addition

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

□ Change

□ Addition

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

□ Change

□ Addition

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

□ Change

□ Addition

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

□ Change

□ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change

□ Addition

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:

LiSette M. Reed, LISETTE REED

Date

Daytime Phone #

(305) 825-1508

CR2E034 (11/98)