

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S90041** (2)
1. Corporation Name
LSG CORPORATION



Principal Place of Business 1645 PALM BEACH LAKES BLVD SUITE 1200 W. PALM BEACH FL 33401 US	Mailing Address 1645 PALM BEACH LAKES BLVD SUITE 1200 W. PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1991	
2. Principal Place of Business 21 249 Royal Palm Way Suite, Apt. #, etc. 22 Suite 301 City & State 23 Palm Beach, FL Zip 24 33480	2a. Mailing Address 25 249 Royal Palm Way Suite, Apt. #, etc. 27 Suite 301 City & State 28 Palm Beach, FL Zip 29 33480
4. FEI Number 65-0294645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LIOCE, DOMENICK R. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name Bob Jackson @ Bob Jackson, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 249 Royal Palm Way 83 Suite 301 84 City Palm Beach FL 85 Zip Code 33480	
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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 607.0506, Florida Statutes.

SIGNATURE **BOB JACKSON** *Bob Jackson* **4-27-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIOCE, DOMENICK R.		1.2 NAME	
STREET ADDRESS 1645 PALM BEACH LAKES BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEBER, CHARLES P		2.2 NAME	
STREET ADDRESS 12 BIRD LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP RYE NY 10580		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEBER, MARGARET		3.2 NAME	
STREET ADDRESS 12 BIRD LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP RYE NY 10580		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE *[Signature]* **4-23-98**

CR2E034 (10/97)