

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V08126**

(7)

1. Corporation Name
L.S. ASSOCIATES, INC.

Principal Place of Business

**750 SOUTH DIXIE HIGHWAY
POST OFFICE BOX 3004
BOCA RATON FL 33431
US**

Mailing Address

**750 SOUTH DIXIE HIGHWAY
POST OFFICE BOX 3004
BOCA RATON FL 33431-0904
US**



2. Principal Place of Business

21 **750 SOUTH DIXIE HIGHWAY**
Suite, Apt. #, etc.

22 City & State
23 **BOCA RATON FL**

24 **33432** Country
25 **FLORIDA**

2a. Mailing Address

26 **750 SOUTH DIXIE HIGHWAY**
Suite, Apt. #, etc.

27 City & State
28 **BOCA RATON FL**

29 **33432** Country
30 **FLORIDA**

3. Date Incorporated or Qualified
01/22/1992

3a. Date of Last Report
02/01/1996

4. FEI Number

65-0308801

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHNER, LARRY E ESQ
750 SOUTH DIXIE HIGHWAY
SUITE 355
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name
SCHNER, LARRY E. ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
750 SOUTH DIXIE HIGHWAY
83
84 City
BOCA RATON FL 85 Zip Code
33432

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 **P** ☐ DELETE
NAME **SCHNER, LARRY E**
STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE
NAME **SCHNER, LESTER**
STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **T** ☐ DELETE
NAME **SCHNER, LESTER**
STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **BOCA RATON FL**

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 **P** ☒ Change ☐ Addition
1.2 NAME **SCHNER, LESTER**
1.3 STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **SCHNER, LARRY E.**
2.3 STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **SCHNER, LESTER**
3.3 STREET ADDRESS **750 SOUTH DIXIE HIGHWAY**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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

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

14. I do 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: **Lester Schn** **LESTER SCHNER** **1/14/97** **(561) 368-6266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)