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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V08126

L.S ASSOCIATES, INC.

Principal Place of Business Mailing Address						, , , ,	*	e, italy 1,219 2111 e1611 t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
750 SOUTH DIXIE HIGHWAY BOCA RATON FL 33432 US		750 SOUTH DIXIE HIGHWAY BOCA RATON FL 33432 US			DO NOT, WRITE IN THIS SPACE					
						01/22/		Qualifed		
2. Principal P	lace of Business	2a. Mailing Address			4.	. FEI Num			<u> </u>	pplied For
21 .		26				<u>65-030</u>	<u> 18801</u>			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5.	. Certifcat	e of Status De	sired 🗆		Additional equired	
City & State		City & State			6	, Election	Campaign Fir	ancing	•	May Be
23		28				Trust Fu	nd Contributio	n	Added	to Fees
Zip 24	Country 25	一·········/ 一		_ · · ·		B. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			₩No	
	9. Name and Address of Curren	t Registered Agent			10	. Name a	nd Address o	f New Registered	Agent	
			81	Name						
SCHNER, LARRY E ESQ			82	Street	Address (P.O. Box N	lumber is Not	Acceptable)		
	SOUTH DIXIE HIGHWAY		"	0.,000						
BOC	A RATON FL 33432		83							
			84	City					85 Zip	Code
				<u> </u>			0.50	FL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	orized by	the corpo	oration's b	oard of dir	ectors. I here	by accept the appo	intment as re	egistered
SIGNATURE								DATE		
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re-	gistered Ager	t signature r	equirea when		IS/CHANGES	TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	DELETE	1.1 TITLE		P	ADDITION	10/CHAITOLC	TO OTT TOERS A	M Change	Addition
NAME	SCHNER, LARRY E		1.2 NAME		LEST	ER	SCHN	ER		}
	750 SOUTH DIXIE HIGHWAY		1.3 STREET ADDRESS 75		750	SO SOUTH DIXIE HIGHWAY				ļ
STREET ADDRESS	BOCA RATON FL		1.4 CITY-S				W. FL			ļ
CITY-ST-ZIP	S	□ DELETE	2.1 TITLE	1-4.11		u 2004.	<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Change	☐ Addition
NAME	SCHNER, LESTER		2.2 NAME							
STREET ADDRESS	The second secon		2.3 STREET	(ADDRESS						
CITY-ST-ZIP	BOCA RATON FL									ł
TITLE	T	☐ DELETE	3.1 TITLE	<u>. – </u>				•	Change	Addition.
NAME	SCHNER, LESTER		3.2 NAME							
STREET ADDRESS	750 SOUTH DIXIE HIGHWAY		3.3 STREET	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY- S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE						☐ Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADORESS						ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP_						
TITLE		☐ DELETÉ	5.1 TITLE						. Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TOTAL		□ DELETE	6.1 TITLE		I				Change	Addition

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)(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:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 09, 1999 8:00 am Secretary of State

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