

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 Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90181 008 ***150.00

DOCUMENT # V41540

Corporation Name LHS, INC.



Place of Business Mailing Address CONFIDENTIAL AGENCY P.O. BOX 328 FLORIDA BEACH FL 32118

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1992 4. FEI Number 59-3126381 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 owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 919 Grandville Road Suite, Apt. #, etc. City & State Newark, Ohio Zip 43055 Country USA 2a. Mailing Address 919 Grandville Road Suite, Apt. #, etc. City & State Newark, Ohio Zip 43055 Country USA

9. Name and Address of Current Registered Agent JOHNSON, RONALD N 412 S. CENTRAL AVE. FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent 81 Name PULIGNANO, NICHOLAS V., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1200 Riverplace Blvd. 83 Suite 800 84 City Jacksonville FL 85 Zip Code 32207

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-28-99

Table with columns: OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include: HELM, CHARLES M (5301 JOHN ANDERSON DR. FLGLER BEACH FL), LOGSDON, CAROLYN L (919 GRANDVILLE ROAD NEWARK OH).

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: Carolyn Logsdon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2-1-99 (740) 344-4438 Daytime Phone #

CR2E034 (11/98)