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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51085 111

FILED Mar 20 1998 8:00am Secretary of State

1. Corporation LDS VI	ENTURES, INC.	(1)			
Principal Plac	e of Business	Mailing Address		-{	NIE OPDII DIDII BIBIE DEDEL INCL
5301 N FEDERAL HWY P O BOX 8160					
SUITE 210 MONROE LA 71211 BOCA RATON FL 33487 US				DO NOT WRITE IN THIS SPACE	
US	116 90401	00		3. Date Incorporated or Qualified	3 OI AOL
				07/16/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		65-0429285	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 6	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Curr	29 29 20 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
FF	RK, LAWRENCE D.	on noglatorou Agont	81 Name	10. Hamb the Address of New Hegisters.	a rigorn
691 N.E. 29TH PLACE			OO Chroat Addres	O O Doublember in Not Assessed in	
BOCA RATON FL 33431			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F=	85 Zip Code
44. Division to the provinces of Continue CO2 of CO2 and CO2 4500. Floride Clatides the			as the above named serve	F	 1 1
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.					
	m tamiliar with, and accept the ob	igations of, Section 607,0505, Hi	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT	E Registered Agent signature require	d when reinstaling) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE		Change Addition
NAME	FERK, LAWRENCE D.		1.2 NAME		
STREET ADDRESS	691 N.E. 29TH PLACE BOCA RATON FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VP	D DELETE	1.4 CITY-ST-ZIP		I Observe I Addition
TITLE	CHELETTE, CHRIS	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	801 N. 31ST		2.2 NAME		
CITY-ST-ZIP	MONROE LA		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	% - ₩	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		 ··· -	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELE te	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE te	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6.1 TITLE		L Change L Addition
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS		7 1	6.3 STREET ADDRESS		
14. I hereby c	pertify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes, I further of	ertify that the information

Its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in