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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 670506 (5)

1. Corporation Name
L P SOTTINI ENTERPRISES, INC.



Principal Place of Business 1721 NORTH DIXIE HIGHWAY POMPANO BCH FL 33060 US	Mailing Address 1721 NORTH DIXIE HIGHWAY POMPANO BCH FL 33060-5248 US
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3. Date Incorporated or Qualified 05/19/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2009391	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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**COHEN, MICHAEL J.
517 SW 1ST AVENUE
SUITE 110
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PIERNI, DORA
STREET ADDRESS	61 BEAVIEW AVE #D-33
CITY - ST - ZIP	STAMFORD CT
TITLE	PD + Treasurer <input type="checkbox"/> DELETE
NAME	SOTTINI, LOUIS P., JR.
STREET ADDRESS	2711 NE 46TH ST.
CITY - ST - ZIP	L.H.P. FL
TITLE	S and Director <input type="checkbox"/> DELETE
NAME	SOTTINI, JEAN
STREET ADDRESS	2865 N DIXIE HWY
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PO + Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOTTINI, LOUIS P, JR
2.3 STREET ADDRESS	2711 NE 46TH ST.
2.4 CITY - ST - ZIP	L.H.P. FL 33064
3.1 TITLE	S + DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOTTINI, JEAN
3.3 STREET ADDRESS	2511 NE 46TH ST
3.4 CITY - ST - ZIP	L.H.P. FL 33064
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Louis P. Sottini Jr* **LOUIS P. SOTTINI JR** 4/8/97 954 585-3512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)