

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
 Secretary of State
 DIVISION OF CORPORATIONS

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
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Date Incorporated or Qualified
05/19/1980

4. FEI Number
59-2009391

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	POT	<input type="checkbox"/> DELETE
NAME	SOTTINI, LOUIS P	
STREET ADDRESS	2711 N.E. 46TH ST.	
CITY-ST-ZIP	L.H.P. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOTTINI, JEAN	
STREET ADDRESS	2711 N.E. 46TH ST.	
CITY-ST-ZIP	L.H.P. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: **Louis Sottini P.** *[Signature]* **4/13/98 954-946960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)