


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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J34469 (3)

1. Corporation Name
L. J. L. MFG., INC.



Principal Place of Business 4304 N.E. 5TH TERRACE FT LAUDERDALE FL 33334	Mailing Address 4304 N.E. 5TH TERRACE FT LAUDERDALE FL 33334-3106
---	--

3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 1928 NE 5th Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 1928 NE 5th Ave. Suite, Apt. #, etc.
22 City & State BOCA RATON, FL	27 City & State BOCA RATON FL
23 Zip 33431 Country USA	28 Zip 33431 Country USA

4. FEI Number 59-2724701	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOUSAING, ALFRED S.
 4304 N.E. 5TH TERRACE
 FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1928 NE 5th Ave

83

84 City **BOCA RATON** **FL** 85 Zip Code **33431**

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 re-listing) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	LOUSAING, ALFRED S.	
STREET ADDRESS	4304 NE 5 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/>
NAME	LOUSAING, ALFRED M.	
STREET ADDRESS	4304 NE 5 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/>
NAME	LOUSAING, FELICIA	
STREET ADDRESS	4304 NE 5 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/>
NAME	KING, DEBORAH E.	
STREET ADDRESS	4304 N.E. 5TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 _____

CR2E034 (9/96)