

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90153 016 ***150.00

0336286

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J34469

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

Principal Place of Business 1928 NE 5TH AVE BOCA RATON FL 33431 US	Mailing Address 1928 NE 5TH AVE BOCA RATON FL 33431 US
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/19/1986	Applied For Not Applicable
4. FEI Number 59-2724701	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOUSAING, ALFRED S.
1928 NE 5TH AVE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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

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	DP <input type="checkbox"/> DELETE
NAME	LOUSAING, ALFRED S.
STREET ADDRESS	1928 NE 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	V <input type="checkbox"/> DELETE
NAME	LOUSAING, ALFRED M.
STREET ADDRESS	1928 NE 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	T <input type="checkbox"/> DELETE
NAME	LOUSAING, FELICIA
STREET ADDRESS	1928 NE 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KING, DEBORAH E.
STREET ADDRESS	1928 NE 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33431
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME T/S LOUSAING, FELICIA
3.3 STREET ADDRESS 1928 NE 5TH AVE
3.4 CITY-ST-ZIP BOCA RATON, FL 33431
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED **4/27/99** 561-361-1781
Date Daytime Phone #

CR2E034 (1/198)