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Mar 05 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 # K65405 (8)
 1. Corporation Name:
LGf INVESTMENT CORPORATION



Principal Place of Business: **1844 SE 2 TERR. % LARRY FIRRINCIELI CAPE CORAL FL 33990**
 Mailing Address: **1844 SE 2 TERR. % LARRY FIRRINCIELI CAPE CORAL FL 33990-1319**

3. Date Incorporated or Qualified: **02/14/1989** 3a. Date of Last Report: **03/21/1996**
 4. FEI Number: **65-0102751** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
FIRRINCIELI, LARRY
1844 SE 2ND TERRACE
CAPE CORAL FL 33990

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: **P** DELETE
 NAME: **FIRRINCIELI, LARRY**
 STREET ADDRESS: **1844 SE 2ND TERRACE**
 CITY-ST-ZIP: **CAPE CORAL FL**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE: Change Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-ST-ZIP:
 21 TITLE: Change Addition
 22 NAME:
 23 STREET ADDRESS:
 24 CITY-ST-ZIP:
 31 TITLE: Change Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY-ST-ZIP:
 41 TITLE: Change Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY-ST-ZIP:
 51 TITLE: Change Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY-ST-ZIP:
 61 TITLE: Change Addition
 62 NAME:
 63 STREET ADDRESS:
 64 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: *Larry Ferrinciel* **LARRY FIRRINCIELI** 2-20-97 941-574-7340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)