

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000083598 (1)**

1. Corporation Name

**L.V.P. 28, INC.**



Principal Place of Business

Mailing Address

**6943 CALLE DEL PAZ NORTH  
BOCA RATON FL 33433**

**6943 CALLE DEL PAZ NORTH  
BOCA RATON FL 33433**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 City, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

25

29

30

g. Name and Address of Current Registered Agent

**PATERMO, LOUIS V  
6943 CALLE DEL PAZ NORTH  
BOCA RATON FL 33433**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 601.01(1) and 607.15(2), 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 have read the provisions of Sections 601.01(1) and 607.15(2), Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

12. TITLE	<b>D</b>	<input type="checkbox"/> DELETED
NAME	<b>PATERMO, LOUIS V</b>	
STREET ADDRESS	<b>6943 CALLE DRL PAZ NORTH</b>	
CITY, ST, ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Louis V Paterno*

*President*

*4/26/96*

*107-368 8874*

CR2E034 (12/95)