

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000061503 (6)**

1. Corporation Name
5XL, INC.



Principal Place of Business: **506 GULF BLVD., APT. 501 INDIAN ROCKS BEACH FL 34635**
 Mailing Address: **512 2ND STREET #1 INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified: **08/17/1994**
 3a. Date of Last Report: **10/16/1995**

2. Principal Place of Business: **506 Gulf Blvd #2**, Suite, Apt. #, etc. **#501**, City & State **Indian Rocks Beach FL**, Zip **34635**, Country **U.S.A.**
 2a. Mailing Address: **301 11th Ave N.E. #**, Suite, Apt. #, etc. **#2**, City & State **St. Petersburg, FL**, Zip **33701**, Country **U.S.A.**

4. FEI Number: **59-3268599**, 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

9. Name and Address of Current Registered Agent: **SCHMIEGE, LISA 512 2ND STREET #1 INDIAN ROCKS BEACH FL 34635**

10. Name and Address of New Registered Agent: **Lisa Schmiede 301 11th Ave. N.E. Apt. 2 St. Petersburg, FL 33701**

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 607.0506, Florida Statutes.

SIGNATURE: *Lisa Schmiede*

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SCHMIEGE, LISA E	<input checked="" type="checkbox"/>
STREET ADDRESS	13333 RIDGE RD., APT. 1303	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEGE, LEONARDE	
STREET ADDRESS	506 GULF BLVD., APT. 501	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEGE, LORI E	
STREET ADDRESS	3614 E. BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEGE, LORRAINE E	
STREET ADDRESS	P.O. BOX 52828 N/A	
CITY-ST-ZIP	ERITHREA, GREECE 14671	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lisa Schmiede	
1.3 STREET ADDRESS	301 11th Ave. N.E. Apt. 2	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME	Len Schmiede	
2.3 STREET ADDRESS	3024 25th Ave N	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lisa Schmiede*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96
 Lisa Schmiede, Secretary of State

CR2E034 (12/95)