

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

FILED

Apr 23 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 # P94000061503 (6)  
1. Corporation Name  
5XL, INC.



Principal Place of Business: 506 GULF BLVD., APT. 501 INDIAN ROCKS BEACH FL 34635  
Mailing Address: 301 11TH AVE NE SUITE 2 ST PETERSBURG FL 33701-1950 US

3. Date Incorporated or Qualified: 08/17/1994  
3a. Date of Last Report: 05/17/1996  
4. FEI Number: 59-3268599  
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  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
SCHMIEGE, LISA  
301 11TH AVE NE APT 2 #1  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent  
B1 Name: LEONARD SCHMIEGE  
B2 Street Address (P.O. Box Number is Not Acceptable): 3024 25 AVE, NORTH  
B3  
B4 City: ST. PETERSBURG FL B5 Zip Code: 33713

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: *Leonard Schmiede* LEONARD SCHMIEGE, SECRETARY/TREASURER 4/14/97  
Signature, typed or printed name of registered agent and date if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEGE, LISA	
STREET ADDRESS	301 11TH AVE NE APT 2	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEGE, LEN	
STREET ADDRESS	3024 25TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leonard Schmiede* 4/14/97 813 331 2360

CP2E034 (9/96)