

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000089590 (8)
 1. Corporation Name
L.M.N.R., INC.



Principal Place of Business 3450 NORTH LAKE BLVD. STE. 110 NORTH PALM BEACH FL 33403	Mailing Address 3450 NORTH LAKE BLVD. STE. 110 NORTH PALM BEACH FL 33403
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1997	
2. Principal Place of Business 21 3450 Northlake Blvd Suite, Apt. #, etc. 22 110	2a. Mailing Address 26 Suite, Apt. #, etc. 27
23 N.P.B. FL City & State	28 City & State
24 33403 Zip	29 Zip
25 USA Country	30 Country
4. FEI Number 65-0792340	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROMANELLI, PETER 3450 NORTH LAKE BLVD. STE. 110 NORTH PALM BEACH FL 33403				10. Name and Address of New Registered Agent	
81 Name Peter Romanelli / Monty Myler / Richard Noerr		82 Street Address (P.O. Box Number is Not Acceptable) 3450 Northlake Blvd - #110		83 65-0792340	
84 City North Palm Beach		85 Zip Code FL 33403			

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 **Peter Romanelli, Monty Myler, Richard Noerr** DATE **3/12/98**

Signature, type or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMANELLI, PETER		1.2 NAME	
STREET ADDRESS 825 BUTTONWOOD ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYLER, MONTY		2.2 NAME	
STREET ADDRESS 8718 150 COURT NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYNCH, TRAVIS		3.2 NAME	
STREET ADDRESS 1001 S.W. ESTAUGH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP PORT ST. LUCIE FL 34953		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOERR, RICHARD		4.2 NAME	
STREET ADDRESS 1880 NORTH CONGRESS AVENUE UNIT G102		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *Peter Romanelli, Monty Myler, Richard Noerr* (36173...2802)

CR2E034 (10/97)