

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S08050** (4)  
1. Corporation Name  
**L J MENCO, INC.**



Principal Place of Business Mailing Address  
**30 CORNELL STREET  
NEW BEDFORD MA 02740  
US**

3. Date Incorporated or Qualified **10/22/1990** 3a. Date of Last Report **03/13/1995**  
4. FEI Number **04-3102619** 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 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Print Name of Registered Agent \_\_\_\_\_ Print Name of Applicant or Representative of Filing \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T2	
NAME	<input type="checkbox"/> DELETE <b>D WENTWORTH, WARREN K. 26 SOUTHPOINT LANE IPSWICH MA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY-STATE-ZIP		1.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE <b>DPTC MENDES III, LOUIS J 117 FEDERAL CT #10 PRINCETON NJ</b>	1.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.1 TITLE	
CITY-STATE-ZIP		2.2 NAME	
NAME	<input type="checkbox"/> DELETE <b>DVAT MENDES, GLENN M 4735 PARC ORLEANS CT BRIDGETON MO</b>	2.3 STREET ADDRESS	<b>16 Trumbull Court</b>
STREET ADDRESS		2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		5.2 NAME	
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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)(b), 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. 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 on Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE: *LJ Mendes III* 1/25/96 (609) 282-3986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Louis J. Mendes, III, Director, President**

CR2E034 (12/95)