

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -6 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S57891*
1. Corporation Name
LVO INC.

Principal Place of Business
*1510 HARRISON ST.
Hollywood FL 33020*

Mailing Address
*1510 HARRISON ST.
Hollywood FL 33020*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/7/1991

4. FEI Number
65-027-1620

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

*OTTEN, LOUIS V.
1510 HARRISON ST.
Hollywood FL 33020*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>OTTEN, LOUIS V.</i>	
STREET ADDRESS	<i>1510 HARRISON ST.</i>	
CITY-ST-ZIP	<i>Hollywood FL 33020</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> DELETE
NAME	<i>RICHARD</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>VD</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>TICHY, RICHARD</i>	
STREET ADDRESS	<i>6035 NW 81st TERRACE</i>	
CITY-ST-ZIP	<i>PARKLAND FL 33067</i>	
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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *7/1/99* DAYTIME PHONE #: *954-922-2884*

CR2E034 (11/98)