

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # S80708 (8)

1. Corporation Name
THE LOVE GROUP, INC.

Principal Place of Business 18315 OXEN HAM AVE SPRING HILL FL 34610 US	Mailing Address P.O. BOX 11512 SPRING HILL FL 34610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 263 RILEY LAKE DR Suite, Apt. #, etc. 22 City & State 23 HAWTHORNE, FL Zip 24 32640	2a. Mailing Address 26 5745 SW 75TH ST Suite, Apt. #, etc. 27 # 283 City & State 28 GAINESVILLE, FL Zip 29 32608	Country 30 FLORIDA
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3. Date Incorporated or Qualified 09/17/1991	3a. Date of Last Report 10/01/1996
4. FEI Number 65-0288646	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOVE, STEVE
18315 OXEN HAM AVE
SPRING HILL FL 34610**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	263 RILEY LAKE DR.
83	
84 City	HAWTHORNE
85 Zip Code	FL 32640

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, STEVE	1.2 NAME	
STREET ADDRESS	18315 OXENHAM AVE	1.3 STREET ADDRESS	263 RILEY LAKE DR.
CITY-ST-ZIP	SPRING HILL FL 34610	1.4 CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, NANCY	2.2 NAME	
STREET ADDRESS	18315 OXENHAM AVE	2.3 STREET ADDRESS	263 RILEY LAKE DR
CITY-ST-ZIP	SPRING HILL FL 34610	2.4 CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	400002266504
STREET ADDRESS		4.3 STREET ADDRESS	-08/14/97--01005--009
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****173.75 ****173.75
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 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.

CR2E034 (4/97)

The Love Group, Inc.

PO Box 11512
Spring Hill, FL 34610
(352) 848-0109

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July 29, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

On January 3, 1997 I mailed the 1997 Profit Corporation Annual Report for The Love Group, Inc. along with a company check # 304, made out to the Florida Dept. of State, dated Jan. 3, 1997, in the amount of \$173.75. This amount was for the filing fee of \$165.00 plus \$8.75 for the filing acknowledgement. The check was drawn on the Compass Bank, 401 Mariner Blvd., Spring Hill, FL 34609, account # 00627327.

When I received, the second notice I called your office and was told that the report probably got lost in the mail. I was instructed to write this letter, fill out the report and enclose a new check; which I have done. I am also enclosing copies of the bank statements for Jan. and Feb. showing that check # 304 has not been cashed.

Sincerely,



Steve Love
President