

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:17

DOCUMENT # **V15485** (8)

1. Corporation Name
L. N & N CORP.

Principal Place of Business Mailing Address
2350 N MILITARY TRAIL WEST PALM BEACH FL 33409 **2350 N MILITARY TRAIL WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/20/1992** 3a. Date of Last Report **01/24/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-3012251		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOGSDON, JOHN 2353 N MILITARY TRAIL WEST PALM BEACH FL 33409				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	LOGSDON, JOHN	2353 N MILITARY TRAIL WEST PALM BCH FL	1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D	NICOLINI, PATRICK	2353 N MILITARY TRAIL WEST PALM BCH FL	2. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	D	NICOLINI, DONALD	2353 N MILITARY TRAIL WEST PALM BCH FL	3. STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP				4. CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				6. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				7. STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				8. CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				9. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				10. NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				11. STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				12. CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not comply 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. That I am an officer or director of the corporation or the receiver or trustee of the corporation to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE: _____ DATE: 1-7-95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ (Signature: Patrick Nicolini)