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

NAME

STREET ADDRESS

Jun 06 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mo Secretary of State **ANNUAL REPORT** Secretary of L DIVISION OF CORPORATIONS 1997 DOCUMENT # V15485 (8) L. N & N CORP. Mailing Address Principal Place of Business 2353 N MILITARY TRAIL 2353 N MILITARY TRAIL WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-2904 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1992 07/08/1996 Mailing Address 2. Principal Piece of Business 4. FEI Number Applied For 200 MOCKIG DIND TR 65-3012251 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ALM BEACH 23 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOGSDON, JOHN ICOLINS 2353 N MILITARY TRAIL 82 **WEST PALM BEACH FL 33409** 83 Zip Code PMM BEACH 33480 11. Pursuant to the provisions of Sections 607.0509 and 607.1508. Florida Statules, 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 objections of, Section 607.0505, Florida Statules. Nicolini **\$IGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition TITLE 1.1 1010 LOGSDON, JOHN MAME 1.2 NAME 2353 N MILITARY TRAIL STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE NICOLINI. PATRICK NAME 2.2 NAME 2353 N MILITARY TRAIL STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BOH FL 2. 4 CITY ST ZIP CITY-ST-ZIF DELETE 3.1 TITLE Change Addition NICOLINI, DONALD NAME 3.2 NAME 2353 N MILITARY TRAIL STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 3.4. CITY ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - ZIP DELETE Change Addition 6.1 TITLE TITLE

FILED

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 at the receipt of sustential production of the corporation at the receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation at the receipt of the corporation at the receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation at the receipt of the recei

6.2 NAME

6.3 STREE ADDRESS 6.4 City-\$1-ZIP