

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005262 (0)
1. Corporation Name
THE LOVELANDERS, INC.



Principal Place of Business 4002 S TAMiami TR VENICE FL 34283	Mailing Address 4002 S TAMiami TR VENICE FL 34283-3030
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3. Date Incorporated or Qualified 10/25/1994	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0551561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C
341 W VENICE AVE
VENICE FL 34285**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHONEY, JACK	
STREET ADDRESS	389 REDWOOD ROAD	
CITY-ST-ZIP	VENICE FL 3429-3	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HINDS, BERNARD	
STREET ADDRESS	5896 BUCHANAN ROAD	
CITY-ST-ZIP	VENICE FL 34283	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, BETTY	
STREET ADDRESS	2113 TOCOBAGA LANE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPINO, RITA	
STREET ADDRESS	1808 FLAMETREE LN	
CITY-ST-ZIP	VENICE FL 34223	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	BEVINS, BETTY	
STREET ADDRESS	8930 HUNTINGTON POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	MEANEY, MARY
2.4 CITY-ST-ZIP	9 DOMINICA DRIVE ENGLEWOOD, FL. 34223
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	MACKY, JOYCE
3.4 CITY-ST-ZIP	604 PAGET DR. VENICE, FL. 34293
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RS
4.3 STREET ADDRESS	ZELLER, ETHEL
4.4 CITY-ST-ZIP	403 WELLINGTON COURT VENICE, FL. 34292
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CS
5.3 STREET ADDRESS	BLAKE, LOIS
5.4 CITY-ST-ZIP	336 OAKWOOD CIRCLE ENGLEWOOD, FL. 34223
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Mackey* **JOYCE MACKY** 2-16-97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0064780**

CR2E037 (9/96)