


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90047 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K45953**

1. Corporation Name

**LARRY ALDRICH ENTERPRISES, INC.**



Principal Place of Business <b>3605 BUCKEYE RD PALMETTO FL 34221 US</b>	Mailing Address <b>3505 BUCKEYE ROAD PALMETTO FL 34221 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>11/17/1988</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0101458</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALDRICH, IRINA  
5207 PALMETTO POINT DRIVE  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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

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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALDRICH, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>5207 PALMETTO POINT DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALDRICH, IRINA</b>	2.2 NAME	
STREET ADDRESS	<b>5207 PALMETTO POINT DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<b>Executive Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WASDEN, RONALD</b>	3.2 NAME	<b>Maynard J. Boyce</b>
STREET ADDRESS	<b>11386 BUD RODEN RD</b>	3.3 STREET ADDRESS	<b>2412 Emory Ave. Bradenton, FL 34207</b>
CITY-ST-ZIP	<b>PALMETTO FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>Vice-President in Charge</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>of Operations.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Wasden, Ronald</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2408 7th Ct. E. Ellenton, FL 34222</b>
TITLE		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		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 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: *Irina Aldrich* **Irina Aldrich ST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 941-722-2319

Date

Daytime Phone #