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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 346738

(8)

LORRAINE PROPERTIES, INC.

FILED Jul 08 1997 8:00am Secretary of State

	L #114 CERT CUIN B'AL	

Principal Place of Business Mailing Address		# 105100 fills sibio billi lebad filbi sibil didi. Sibil bidi: didil disil eibil didil (83)						
RT. 4 BOX 62 JASPER FL 32052		RT. 4 BOX 62 JASPER FL 32052-9210						
	•				3. Date Incorporated or Qualified 05/22/1969	3a. Date -		eport
	lace of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For
21		26			59-1285778			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired
22		City & State						
City & Stat	e	├ ~~~			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
23 28 Zip Country Zip		Zip Zip	Zip Country		This corporation has liability for i			
		29	30			or intangible tax under s. 199.032,		
24	9. Name and Address of Curre				10. Name and Address of New Re			
CRE	WS, EARLINE		81	Name				
	BOX 62		82	Current And	Idress (P.O. Box Number is Not Acceptab	Jol		
	PER FL 32052		82	Street Au	laress (if O./Box Number is Not Acceptab	ne)		
0/10/	E11 1 E 92002		83	1				
				0.00				Cada
			84	City		FL	35 Zip	Code
l office or r	to the provisions of Sections 607.060 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wat jations of, Section 607.0505, i	s authorized h Florida Statute	y the corpor is:	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appoin	anging i Iment as	ts registered registered
	Signature, typed or printed name of registered ag			jent signature roc	pured when rehistating)	DATE	IDCOTO!	OC IN 40
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 HILE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	DORMAN, FRED I JR	i outre	1.2 NAME			_	, onungs	noncon
NAME	RT 4 BOX 62			1.4505560				
STREET ADDRESS	JASPER FL			1 ADDRESS				
CITY-ST-ZIP TITLE	ST	DELETÉ	1.4 CITY - 2.1 TITLE	51.71			Change	Addition
NAME	CREWS, EARLINE D		2.2 NAME					
STREET ADDRESS	RT 4 BOX 62			I ADDRESS				
CITY-SI-ZIP	JASPER, FL 00000		2 4 CrTY					
TITLE	D	DFLETE	313IILE	01-211			Change	Addition
NAME	MCALLEER, KRISTINA D	_	3.2 NAME			•	_	
STREET ADDRESS	602 E SECOND ST			T ADDRESS				
CITY-ST-ZIP	ROCHESTER HILLS MI		3 4. CITY	i				
TITLE	VP	DELETE	4 1 11TLE	-			Change	Addition
NAME	DOWNES, VIRGINIA D		4 2 NAME					
STREET ADDRESS	1018 VALLEY FORGE RD		4.3 STHEE	1 ADDRESS				
CITY-ST-ZIP	FARMVILLE VA		4.4 CITY-	ST-ZIP				
TITLE		DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	i				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
14 I do hore	by certify that the information supplie	ed with this bling does not au			led in Section 119.07(3)(i), Florida Statule	s. I further ce	ertify that	the

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 eath; 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.

SIGNATURE & A. A. M. (CORNES) FAIT LIDE D Crews 904-397-2316