

<b>DOCUMENT # 505594</b>			
<b>1. Entity Name</b>			
<b>L. F. R. INVESTMENT CORPORATION</b>			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2115 RANGE RD. CLEARWATER FL 33765		P.O. BOX 5147 CLEARWATER FL 33758-5147 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
LECHNER, BERNARD J 2115 RANGE RD. CLEARWATER FL 33765			Name
			Street Address (
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or register</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, LEONARD F 95 YOUNG STREET WOODSTOCK, ONT., CANAD N4532-6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.01 of the regulations. The information is true and accurate and that my signature shall have the full effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609 of the laws of the State of New York, or on an attachment with an address, with all other like empowered.</b>			

CR2E034 (9/99)