

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 537079 (6)

1. Corporation Name
L&L BUSINESS CONTROL SYSTEMS, INC.



Principal Place of Business: 1441 BAYHEAD COURT, P. O. BOX 574647, ORLANDO FL 32857-4647
Mailing Address: 1441 BAYHEAD COURT, P. O. BOX 574647, ORLANDO FL 32857-4647, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/14/1977
3a. Date of Last Report: 02/02/1995
4. FET Number: 59-1746814
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Franch Statutes: Yes No

9. Name and Address of Current Registered Agent: LOPAPA, PAUL A, 1411 BAYHEAD COURT, ORLANDO FL 32825
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(9), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPAPA, MARGARET B.	
STREET ADDRESS	1441 BAYHEAD COURT	
CITY- ST- ZIP	ORLANDO FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	LOPAPA, PAUL A.	
STREET ADDRESS	1441 BAYHEAD COURT	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 restate 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: *Paul A. Lopapa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-26-96 407-275-3230
DATE TIME

CR2E034 (12/95)