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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 559341

(3)

LLL ENTERPRISES INC

Principal Place of Business Mailing Address					
540 W.PERRY LANTANA FL	STREET	540 W.PERRY STREET LANTANA FL 33462			
	·			3. Date incorporated or Qualified 02/09/1978	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26 ABOV		4. FEI Number 59-1801547	Applied For
Suite, Apt. i	#, etc.	26 A&V i Suite, Apt. #, etc.	L		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State	10 1 10 10 10 10 10 10 10 10 10 10 10 10	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Cu			10. Name and Address of New F	Registered Agent
			81 Name		
JARVINEN, JACK J. 540 W.PERRY STREET LANTANA FL 33462			82 Street Ac	idress (P.O. Box Number is Not Acceptat	ole)
			83		
LANIAN	4 FL 33402		63		
			84 City		FL 85 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of h, and aggept the obligations of S	502 and 607.1508, Florida Statute Torida, Such change was authorize Section 607.0505, Florida Statutes	os, the above-named corp ed by the corporation's bo	poration submits this statement for the purporation of directors. I hereby accept the app	
CICNIATURE	Koch To	went	No Bedistened Abent's greature reg	4/	29/96 THATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	JARVINEN, JACK J		1.2 NAME		
STREET ADDRESS	200 SO BROADWAY LANTANA, FL 33462		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LANIANA, FL 3340Z	DELF1E	1.4 C/TY-ST-Z/P 2. 1 T/TLE		FT Change FT Addition
NAME			2.1 MEE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4.011Y-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		[] DELETE	3.4 CITY-ST-ZIF 4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		Clarife
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZP			4.4 CITY- ST- ZIP		
THILF		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ berere	54 Cily-ST-ZIP		D 05:
TITLE NAME		☐ DELETE	6 1 TITLE		Change Addition
STREET ADDRESS			6 2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-7ip		
14. I do hereb	y certify that the information suppl	ed with this filing is voluntarily furni	ished and does not qualify	y for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further

SIGNATURE:

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 true-species 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.

GNATURE:

SIGNATURE AND TYPELOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone F 1-407-586-2038