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

1. Corporation Name

Principal Place of Business

DOCUMENT # 843616

(4)

Mailing Address

LONNON REAL ESTATE AND INVESTMENT CORPORATION

) Capri CR SO Isure Island Fl	. 33706				
			3. Date incorporated or Qualified 07/02/1979	3a. Date of Last F 03/27/199	
ailing Address			4. FEI Number		Applied For
rincipal Place of Business		43-1034349		Not Applicable	
ite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
ty & State			6. Election Campaign Financing	\$5.0	May Be
			Trust Fund Contribution		d to Fees
)	Coun	try	8. This corporation has liability for i		199.032,
	30		1101.00 0101011	□ No	
ed Agent			10. Name and Address of New R	edistelen währit	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	81 Name			
		B2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
		83			
	}	84 City		 85 Z	ip Code
			oration submits this statement for the pur	FL ° '	
05, Florida Statute	NOTE Registered	Agant signature réquir	ad when reinstating."	DATE DIDECT	ODS IN 10
)RS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	
DELETE	1 1 TI	ILLE			☐ Addition
	1 2 NA	ME			
	1.3 ST	REET ADDRESS			
		Y-ST-ZIP		Change	Addition
DELETE	2 1 TI	1		- Overeign	
•	22 NA				
		REET ADORESS			
TREASURE ISLAND FL		TY - ST - ZIP		Change	Addition
	3. 1 Tr 3 2 NA				
		TREET ADDRESS			
		TY - ST - ZIP			
DELETE	4.17			☐ Chang	Addition
- Jen. 12	4.2 N				
		REET ADDRESS			
		TY-ST-ZIP			
DELETE	5 1 1			☐ Chang	e 🔲 Addition
	5 2 N	AME			
		FREET ADDRESS			
		TY-ST-71P			
1-7-P		ITLE		Chang	e 🔲 Addition
	62 N	AME			
	6.3 S	TREET ADDRESS			
	6.4 C	ITY-ST-ZIP			
ing is voluntarily f	furnished and	does not qualif	y for the exemption stated in Section 11	9.07(3)(k), Florida Sta	tutes. I further s if made under
	he receiver or tri	6.3 S 6.4 C ing is voluntarily furnished and	he receiver or trustee empowered to execute	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ing is voluntarily furnished and does not qualify for the exemption stated in Section 11 or supplemental annual report is true and accurate and that my signature shall have the precisive or trusting emprovered to execute this report as required by Chapter 607,	6.3 STREET ADDRESS 6.4 CITY - ST-ZIP ing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida States to execute and that my signature shall have the same legal effect a presence or make empowered to execute this report as required by Chapter 607, Florida Statutes; and

SIGNATURE:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 813-367-8100

;R2E034 (12/95)