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

PROFIT CORPORATION ANNUAL REPORT

1997

LOR RAY CO.

DOCUMENT # 850496



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Jun 01 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	L (ERIO JEID) atti anti anti albia init anti anti anti anti anti atti at
1611 ALDER WAY BRANDON FL 33510	1611 ALDER WAY BRANDON FL 33510-2305	

							3.	Date Incorporated or Qualified 09/28/1981	3e. Date o		eport	
· ·	face of Business	,	ng Address				4.	FEI Number		A	plied For	
21		26						59-2118656			it Applicable	
Suite, Apt. #, etc.		Suito 27	Suito, Apt. #, etc.				5.	5. Certificate of Status Desired See Require				
City & State	e	City (& State				6.	Election Campaign Financing		5.00	May Be	
23		28	 .	<u></u>				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		Country			8. This corporation has liability for intangible tax under s 199.032,					
24	9. Name and Address of Curre	29	Anent	30	г			Florida Statutes L Name and Address of New Re	Yes N			
100		iii negistereu	Agent		81	Name		Maine and Monless of Man La	gistered Agei	11		
	ver, rado W. 1 alde r way											
	INDON FL 33510				82	Street A	ddress (F	P.O. Box Number is Not Acceptab	ile)			
000	440014 FE 55510				83							
								·····				
					84	,			FL 8		Code 	
11. Pursuant I	to the provisions of Sections 607 05/ egistered agent, or both, in the Stato m familiar with, and accept the oblig	32 and 607,150 : of Florida, Su Mone of Soct	08, Florida Statu chichange was an 607 0505, Fl	tes, the al authorize lorida Stat	bove d by	e-named o the corpo	orporation pration's I	on submits this statement for the p board of directors. I hereby accep	ourpose <mark>of</mark> cha of the ap <mark>poi</mark> ntr	nging it nent as	s registered registered	
SIGNATURE												
12.	Signature, typical or printed mone of regulating ag-	entsentaminitaminis ID DIRECTORS		If Registere	d Age	nt signature to		n reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ECTOR	C IN 10	
TITLE	OTTOTAL MA	ID DIM CLOVE	DELETE	1.1.70				ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	LOWER, RADO W.		breeze	1.2 N						Onlingo		
STREET ADORESS	1611 ALDER WAY					ADDRESS						
CITY-ST-ZIP	BRANDON FL											
TITLE	ST		DELETE	1.4 CI 2 1 II		1 - 211			П	Change	Addition	
NAME	LOWER, LORRAINE K			2.2 N/					bad			
STREET ADDRESS	1611 ALDER WAY					ADDRESS						
CITY-ST-ZIP	BRANDON FL					11 - ZIP						
TITLE			DELETE	3 1 T)						Change	Addition	
NAME				3 2 N/	ME							
STREET ADDRESS				3351	AEET .	ADDRESS						
CITY-ST-ZIP				3 4. C	ITY-S	ST-21P					•	
TITLE			DELETE	4.1 TI	LE					Change	Addition	
NAME				4.2 N	AME							
STREET ADDRESS				4.3 \$1	REET	address						
CITY-ST-ZIP				4.4 CI	TY - S1	1 - 7IP						
TITLE			DELETE	5.1 TF	ſLŧ					Change	Addition	
NAME				5 2 N/	ME			-00000254	4990]		
STREET ADDRESS				53SI	REEL	ADDRESS		000000254 -06/02/98010	75034			
CITY - ST - ZIP				5.4 CI	1Y-S1	1 - 21P		***165.00				
TITLE	_		DELETE	6.1 T/	ILE .					Change	Addition	
NAME				6.2 NA	Mέ				00			
STREET ADDRESS				6.3 ST	REET :	ADDRESS			ノブノ	1.	()	
CITY-ST-ZIP	_	\cap		6.4 CI	1Y - S1	T-ZIP			\	Ю	11	

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 supplymental 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 offiling comparison or the acceptance 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 chapter, or juyan attachment with an address.