

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED AND FILED**

95 JUL -5 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F46066 (9)**

1. Corporation Name  
**LORILEI ENTERPRISES, INC.**

Principal Place of Business: **361 A1A BEACH BLVD. ST AUGUSTINE FL 32084 US**  
Mailing Address: **361 A1A BEACH BLVD. ST AUGUSTINE FL 32084 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1981**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. State, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **29** Country: **30**

4. FEI Number: **59-2136306** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**AESCHBACH, ROSEMARY  
3930 U.S. ONE SOUTH  
ST AUGUSTINE FL 32088**

10. Name and Address of How Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ **FL** 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607 (502) and 607 (509), 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. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607 (505), Florida Statutes.

SIGNATURE: *Rosemary Aeschbach* **N/A** (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>
NAME	<b>MCFADDEN, LORI</b>
STREET ADDRESS	<b>840 E. CALL ST.</b>
CITY, ST, ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>P</b>
NAME	<b>AESCHBACH, ROSEMARY A</b>
STREET ADDRESS	<b>3930 U.S. 1-SOUTH</b>
CITY, ST, ZIP	<b>ST AUGUSTINE, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>EATON, LISA M.</b>
STREET ADDRESS	<b>1377 PRINCE RD</b>
CITY, ST, ZIP	<b>ST AUGUSTINE, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Delete as OFFICER</b>
3. STREET ADDRESS	<b>JUST STOCK HOLDER 4/17/95</b>
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07.199), 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 recorder 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 as an attachment with an address.

SIGNATURE: *Rosemary Aeschbach* **PRE** **4/30/95** **904-471-2233**  
**ROSEMARY AESCHBACH PRE**

CFR2E034 (3/95)