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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F74236** (3)
1. Corporation Name
LENRON, INC.

Principal Place of Business C/O GEORGE P. LANGFORD 3357 TAMiami TRAIL N. NAPLES FL 33940	Mailing Address C/O GEORGE P. LANGFORD 3357 TAMiami TRAIL N. NAPLES FL 34103-4165
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1982	3a. Date of Last Report 06/11/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2180967		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**LANGFORD, GEORGE P
3357 TAMiami TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GELLENY, HELEN	1.2 NAME	
STREET ADDRESS	SUITE #329 853 VANDERBILT BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	DUNLOP, DON	2.2 NAME	
STREET ADDRESS	111 BALLANTREE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE TN	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	GELLENY, JAMES C.	3.2 NAME	GELLENY, JAMES C.
STREET ADDRESS	767 102ND AVEN-	3.3 STREET ADDRESS	853 VANDERBILT BEACH ROAD #329
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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.

SIGNATURE:

 **JAMES C. GELLENY VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

041597

9415667983

Date

Daytime Phone #

CR2E034 (9/96)