

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G33204** (0)

1. Corporation Name
LEMPAL ENTERPRISES, INC.



Principal Place of Business

% RAUL E. PALACIOS
2800 OLD ORCHARD RD
DAVIE FL 33328
US

Mailing Address

% RAUL E. PALACIOS
2800 OLD ORCHARD RD
DAVIE FL 33328
US

3. Date Incorporated or Qualified 04/14/1983	3a. Date of Last Report 04/28/1995
4. FLEI Number 59-2278018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, et	22. City & State	23. Zip	24. Country	25.	26. Mailing Address State, Apt. #, et	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALACIOS, RAUL E.
2800 OLD ORCHARD RD
DAVIE FL 33328**

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 607.06(2) and 607.15(5), 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 607.06(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	MANNING, ROGER L.	
3. STREET ADDRESS	2810 OLD ORCHARD RD	
4. CITY, ST, ZIP	DAVIE FL	
5. TITLE	VD	<input type="checkbox"/> DELETE
6. NAME	MANNING, MONIQUE A.	
7. STREET ADDRESS	2810 OLD ORCHARD RD	
8. CITY, ST, ZIP	DAVIE FL	
9. TITLE	SDP	<input type="checkbox"/> DELETE
10. NAME	PALACIOS, RAUL E	
11. STREET ADDRESS	2800 OLD ORCHARD RD	
12. CITY, ST, ZIP	DAVIE FL	
13. TITLE	TD	<input type="checkbox"/> DELETE
14. NAME	PALACIOS, ELSA M.	
15. STREET ADDRESS	2800 OLD ORCHARD RD	
16. CITY, ST, ZIP	DAVIE FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roger L. Manning

1/22/96 (205)°

CR2E034 (12/95)