

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G33204 (0)**

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



Principal Place of Business <b>% RAUL E. PALACIOS</b> <b>2800 OLD ORCHARD RD</b> <b>DAVIE FL 33328</b> <b>US</b>	Mailing Address <b>% RAUL E. PALACIOS</b> <b>2800 OLD ORCHARD RD</b> <b>DAVIE FL 33328-6913</b> <b>US</b>
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3. Date Incorporated or Qualified <b>04/14/1983</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>59-2278018</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MANNING, ROGER L.	1.1 TITLE	
NAME	2810 OLD ORCHARD RD	1.2 NAME	
STREET ADDRESS	DAVIE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MANNING, MONIQUE A.	2.1 TITLE	
NAME	2810 OLD ORCHARD RD	2.2 NAME	
STREET ADDRESS	DAVIE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SDP PALACIOS, RAUL E.	3.1 TITLE	
NAME	2800 OLD ORCHARD RD	3.2 NAME	
STREET ADDRESS	DAVIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PALACIOS, ELSA M.	4.1 TITLE	
NAME	2800 OLD ORCHARD RD	4.2 NAME	
STREET ADDRESS	DAVIE FL	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 unchanged, or on an attachment with an address.

SIGNATURE: *Roger L Manning* **ROGER L MANNING** Date: **4/15/97** Daytime Phone #: **954 974 9594**

CR2E034 (9/96)