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AND
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95 MAY - 1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G50075
1. Corporation Name
L + L International Enterprises, Chartered Company

Principal Place of Business 1051 South Federal Highway Fort Lauderdale, FL 33316	Mailing Address 1051 South Federal Highway Fort Lauderdale, FL 33316
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 7-11-83	3a. Date of Last Report 3-14-94
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2311551	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
Linus, James J. 1051 South Federal Highway Fort Lauderdale, FL 33316		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P	NAME Linus, James J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1051 South Federal Highway	CITY - ST - ZIP Fort Lauderdale, FL 33316	1.2 NAME	
TITLE D/S/T	NAME Lowrie, Douglas A.	1.3 STREET ADDRESS	
STREET ADDRESS 1051 South Federal Highway	CITY - ST - ZIP Fort Lauderdale, FL 33316	1.4 CITY - ST - ZIP	300001474793
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	2.4 CITY - ST - ZIP	-05/04/95--0100 Change 005 Addition
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	****208.75 ****208.75
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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, changed, or as an attachment with an address.

SIGNATURE: *James J. Linus* **James J. Linus, President** 4/20/95 (305) 462-4381
(Signature and Title of Filing Officer or Director) (Date) (Telephone Number)

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