

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G79561** (8)

1. Corporation Name

LRG, INC.



Principal Place of Business

Mailing Address

% LUCIANO PRIORE, JR.
505 SWEETWATER CLUB CIR..SWEETWATER CLUB
LONGWOOD FL 32779

% LUCIANO PRIORE, JR.
505 SWEETWATER CLUB CIR..SWEETWATER CLUB
LONGWOOD FL 32779

3. Date Incorporated or Qualified

01/19/1984

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIORE, LUCIANO, JR.
505 SWEETWATER CLUB CIRCLE
SWEETWATER CLUB
LONGWOOD 32779-9130

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIORE, LUCIANO JR.	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRIORE, ELIA MARIE	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PRIORE, LUCIANO III	
STREET ADDRESS	505 SWEETWATER CLUB CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PRIORE, RAFFAELE	
STREET ADDRESS	153 PARKER FARM ROAD	
CITY-ST-ZIP	WALLINGFORD CT	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	PRIORE, GIOVANNI	
STREET ADDRESS	1850 KINGS HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Luciano Priore Jr. - LUCIANO PRIORE JR., PD - 16 JANUARY 1996 (407) 864-8734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)