SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED PROFIT Sep 15 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L.J.S., INC. Principal Place of Business Mailing Address 998 WEST MAIN STREET 998 WEST MAIN STREET **AVON PARK FL 33825 AVON PARK FL 33825** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1985 05/23/1996 2. Principal Place of Business Mailing Address 4. FE Number Applied For 26 Not Applicable 59-2587520 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes 24 26 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **XBADORTK ROBERT**K WIRX X**000** WROTAMMOTE K WIRX Sharmon A Hill Street Address (P.O. Box Number is Not Acceptable) XAVON PARKER 93825×× 1100 Island Way 83 84 Zip Code 85 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 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. 9 Sharmon A. Hill. Pres. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE PD 1.1 TITLE Change Addition NAME PARAMETE ROBERT A FERRANCE 1.2 NAME Sharmon A. Hill STREET ADDRESS **900 WESTMANNSTREET** 1.3 STREET ADDRESS 1100 Island Way CITY-ST-ZIP avon Parkyrk Winter Haven, FL 33873 Change 1.4 CITY-ST-ZIP DELETE TITLE VSD 2.1 TITLE NAME HIBLXSHARMONIAX 2.2 NAME Robert L. Padgett, Sr. KINDKISIJANDKWAYX STREET ADDRESS 2.3 STREET ADDRESS Lake Lotela Dr. CITY-ST-ZIP **YMYCH XIXYEN X**IX 2.4 CITY-ST-ZIP Avon Park, FL 33825 TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Change Acdition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - S1 - 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 eath; 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.

ا الألافا ا كا الم

SULA SIGN BILLIEDAL