FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H78039** **(5)**

1. Corporation Name
40 LOVE, INC.

Principal Place of Business	Mailing Address
121 CENTER STREET JUPITER FL 33458	6255 SE CHARLESTON PL APT D-105 HOBE SOUND FL 3455 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 4897 N. AIA
22: Suite, Apt. #, etc.
23: City & State: Vero Beach, FL
24: Zip: 32963 25: Country: USA

2a. Mailing Address
26: 4897 N. AIA
27: Suite, Apt. #, etc.
28: City & State: Vero Beach, FL
29: Zip: 32963 30: Country: USA

4. FEI Number: 59-2596423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOVE, LAWRENCE
6255 SE CHARLESTON PL D-105
APT D-105
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4897 N. AIA
83:
84 City: Vero Beach FL 85 Zip Code: 32963

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	PDV	11 TITLE	PVD	☒ Change ☐ Addition
NAME	LOVE, LAWRENCE	12 NAME	ARLENE LOVE	
STREET ADDRESS	6255 SE CHARLESTON PL D-105	13 STREET ADDRESS	4897 N. AIA	
CITY-ST-ZIP	HOBE SOUND FL	14 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	LOVE, ARLENE	22 NAME	LAWRENCE LOVE	
STREET ADDRESS	6255 SE CHARLESTON PL D-105	23 STREET ADDRESS	4897 N. AIA	
CITY-ST-ZIP	HOBE SOUND FL	24 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Arlene Love ARLENE LOVE 4/28/95 407-231-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296303 CP