FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)H78039 **DOCUMENT #** 40 LOVE, INC. Mailing Address Principal Place of Business 4897 N. A1A 4897 N. A1A VERO BEACH FL 32963 APT-D-105 VERO BEACH FL 32963 us 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 09/26/1985 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 4897 N. AIA 59-2596423 Not Applicable 26 21 \$8.75 Additional Suite: Apt. #, etc. Suite, Ant #, etc 5. Certificate of Status Desired \Box Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Vero Beach Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intanginile tax under s. 199.032, Ζıp u3 Yes WNo Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ARLENE LOVE LOVE, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 4899 N. A1A 83 **APT D-105** VERO BEACH FL 32963 Zip Code 32958 CITYSEBASTIAN 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 Sionda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. ARLENE SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change PVD TITLE LOVE, ARLENC LOVE, ARLENE 1.2 NAME NAME 6506 RIVER RUN DR 4897 N. A1A 1.3 STREET ADDRESS. STREET ADDRESS SEBASTIAN FL 32958 VERO BEACH FL 1.4 CHIY - \$1 - 712 CITY-SI-ZIP Change Addition DELETE 2 1 TITLE TITLE LOVE, LAWRENCE LAWRENCE, LOVE 2.2 NAME NAME 6506 RIVER RUN DR 4897 N. A1A 2.3 STREET ADDRESS STREET ADDRESS FL 32958 SEBASTIAN VERO BEACH FL 2.4 City - ST - 7/F CITY - ST-ZIP Addition DELETE 3 1 TiTLE TITLE 3.2 NAME 3.3 STREET ACORESS STREET ADDRESS 3.4 CiTY - S1 - ZiF CITY-ST-ZIP Add:tion Change DELETE 4 1 TILE TITLE 4.2 NAM: NAME 4.3 STREET ADORESS STREET ADDRESS 44 CiTY ST ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 City - \$1 - 20F CITY - ST - ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not quairly for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

ARLENE LOVE, PRES 4/19,

RE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block L

SIGNATURE: _(