FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J81898

(5)

FLORIDA L & M ENTERPRIZES INC.

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FILED

Jul 18 1997 8:00am

Secretary of State

Dringing Place	of Divinese	Malling Address				
Principal Place of Business Mailing Address ** CLARENCE M. MCCLINTOCK CLARENCE M. MCCLINTOCK						
1273 N. HARB		1273 N. HARBOR DE	3			
	ACH FL 33404	RIVERIERA BEACH F				
						3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 Cuita Aus	ш	26				65-0033962 Not Applicable
Suite, Apt.		Suite, Apt. #, etc). 			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23	1 0	28	T - 6.			Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curr	ent Registered Agent	30	1		Florida Statutes Yes No 10. Name and Address of New Registered Agent
VC.	LINTOCK, CLARENCE M.	one regional Agone		81	Name	TO, Traine and Address of How Hogestore Agent
	3 N. HARBOR DR					
	IERA BEACH FL 33404			82	Street Add	dress (P.O. Box Number is Not Acceptable)
144	EIN DENOTITE COTOT			83		
				84	City	FL 85 Zip Code
11 Purcuent	to the provisions of Sections 607 0	502 and 607 1508 Florida 9	Statutes the al	boye	a-named cor	
office or	registered agent, or both, in the Sta	te of Florida, Such change	was authorize	d by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	ım tamillar with, and accept the obl	igations of, Section 607.050	J5, Florida Stat	tutes	3,	
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable	(NOTE: Registere	d Age	nt signature regu	uired when reinstering) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET	E 1.1 TI	TLE		Change Addition
NAME	MCCLINTOCK, CLARENCE N	A.	1.2 NA	AME		
STREET ADDRESS	1273 N. HARBOR DR		1.3 \$3	rree1	ADORESS	
CITY-ST-ZIP	RIVIERA BEACH FL		1.4 CI	TY-S	T-71P	
TITLE	D	DELET	E 2.1 TI	TLF		☐ Change ☐ Addition
NAME	MCLINTOCK, LUCILLE D.		2 2 N	AME		
STREET ADDRESS	1273 N. HARBOR DR		2.3 \$1	REET	ADDRESS	
DITY-\$1-ZIP	RIMERA BEACH FL		2 4 0	ITY-S	ST - 7(P	
TITLE		DELET	E 3.1 Ti	TLF		☐ Change ☐ Addition
NAME			3.2 N/	AME	1	
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP				ITY-S	31 - ZIP	
TITLE		☐ DELET	E 4.1 Tr	116		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS					ADDRESS	·
CITY-ST-ZIP				TY-S	T - 7IP	
TITLE		☐ DELET	E 5171	TL F		Change Addition
NAME			52 N/	AME		
STREET ADDRESS			5357	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI		1 - ZIP	
TITLE		☐ DELET	E 6.1 TI	TLE		Change Addition
NAME			6.2 N/	AME		
STREET ADDRESS			6.3 ST	IREET	ADDRESS	
CITY-ST-ZIP			6.4 CI			
14. d o here	by ce rtify that the information suppl	led with this filing does not	quality for the	exe	motion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the

14. Ido hereby certify that the information supplied with falls filling does not qualify for the exemption stated in Section 119.07(3)(i). Forida 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.

IGNATURE Channel Williams I was a mean of ment 7/2/02 (0) FUE on