


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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K23153 (5)			
1. Corporation Name L & L ENTERPRISES OF CENTRAL FLORIDA, INC.			
Principal Place of Business % KENNY LOVE P.O. BOX 616465 ORLANDO FL 32861 <i>ok</i>		Mailing Address % KENNY LOVE P.O. BOX 616465 ORLANDO FL 32861-6465 <i>ok</i>	
2. Principal Place of Business 21 2909 Old Winter Garden Rd Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 616465 Suite, Apt. #, etc.	
22 City & State 23 Orlando FL		27 City & State 28 Orl, FL	
24 Zip 32805 25 Country USA		29 Zip 32861 30 Country USA	
9. Name and Address of Current Registered Agent LOVE, KENNY 3431 OLD WINTER GARDEN RD ORLANDO FL 32805		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 <i>Sheila T. Love</i> <i>4/21/97</i> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME LOVE, KENNY STREET ADDRESS 9013 CHARLES E. LIMPUS <i>2919 Roundabout Lane</i> CITY-ST-ZIP ORLANDO FL 32818		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2919 Roundabout Lane 1.4 CITY-ST-ZIP Orl, FL 32818 <i>(personal res)</i>	
TITLE VP <input type="checkbox"/> DELETE NAME LOVE, SHEILA T. STREET ADDRESS 3431 OLD WINTER GARDEN RD <i>964 Beech Breeze Dr</i> CITY-ST-ZIP ORLANDO FL 32835		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 964 Beech Breeze Dr <i>(personal residence)</i> 2.4 CITY-ST-ZIP Orl, FL 32835	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: <i>Sheila T. Love</i> <i>4/21/97</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CP2E034 (9/96)