

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Gordon B. McMillan,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 FEB 20 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45953** (2)

1. Corporation Name
LARRY ALDRICH ENTERPRISES, INC.

Principal Place of Business Mailing Address
5207 PALMETTO POINT DRIVE PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1988** 3a. Date of Last Report **11/02/1994**

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26	27 Suite, Apt. #, etc.	
22 City & State	27	28 City & State	
23 Zip	25 Country	29 Zip	30 Country

4. FEI Number 65-0101458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALDRICH, IRINA 5207 PALMETTO POINT DRIVE PALMETTO FL 34221				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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 of Registered Agent or Secretary of State and the filer, if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME ALDRICH, LARRY	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS 5207 PALMETTO POINT DRIVE	12 NAME	12 STREET ADDRESS	
13 CITY-ST-ZIP PALMETTO FL 34221	13 STREET ADDRESS	13 CITY-ST-ZIP	
21 NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 NAME	
22 STREET ADDRESS	22 NAME	22 STREET ADDRESS	
23 CITY-ST-ZIP	23 STREET ADDRESS	23 CITY-ST-ZIP	
31 NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 NAME	
32 STREET ADDRESS	32 NAME	32 STREET ADDRESS	
33 CITY-ST-ZIP	33 STREET ADDRESS	33 CITY-ST-ZIP	
41 NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 NAME	
42 STREET ADDRESS	42 NAME	42 STREET ADDRESS	
43 CITY-ST-ZIP	43 STREET ADDRESS	43 CITY-ST-ZIP	
51 NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 NAME	
52 STREET ADDRESS	52 NAME	52 STREET ADDRESS	
53 CITY-ST-ZIP	53 STREET ADDRESS	53 CITY-ST-ZIP	
61 NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 NAME	
62 STREET ADDRESS	62 NAME	62 STREET ADDRESS	
63 CITY-ST-ZIP	63 STREET ADDRESS	63 CITY-ST-ZIP	
64 NAME	64 CITY-ST-ZIP	64 NAME	

14. I 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)(b), Florida Statutes. I further certify that the information included on the 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Aldrich* **LARRY ALDRICH 2/23/95** (813) 722-2319
(Signature) (Typed Name of Holding Officer or Director) (Date) (Digital Printer #)