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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

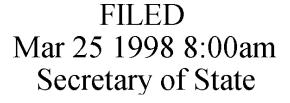
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

L & L AUDITING SERVICES, INC.





Principal Place of Business Mailing Address						97911 97911 91911 91911 1197
			D. UNIVERSITY DR.			
#220 CORAL SPRINGS FL 33071 US		#220		DO NOT WRITE IN THIS SPACE		
		CORAL SPRINGS FL 33071 US			3. Date Incorporated or Qualified	
					08/28/1989	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0138563	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the co	
24	25	├─ ┐ '	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current				10. Name and Address of New Registere	d Agent
<u> </u>	NDSAY, JUANITA		81	Name		
9877 RAMBLEWOOD DRIVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33071		"	5.10007	adioo (15. box (talloo) to (tot / too plately)	
			83			
			84	City	F	85 Zip Code
44.6		CO2 4CO0 Fig. 24- Ct-14-			F	of spansing its societored
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 Signature, typed or printed name of registered agend and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	LINDSAY, JUANITA		1.2 NAME			
STREET ADDRESS	9877 RAMBLEWOOD DRIVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-	ST-ZIP		
TITLE	STD	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	LINDSAY, RAY		2 2 NAME			
STREET ADDRESS	9877 RAMBLEWOOD DRIVE		2 3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CITY-	ST-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREE	1 ADDRESS		
CITY-ST-ZIP			3 4. CITY-	S1-ZIP		
TOTLE		L.J DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T DOLLTO	4.4 C/TY-	ST-ZIP		Change Addition
TITLE		☐ DELETE	51 TITLE			Fil ≥usude Fil wodigon
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T neiere	5.4 CITY-	ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE			ET CHANGE ET MONITON
NAME			6.2 NAME			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			6.4 CITY-		f in Section 119.07(3)(i), Florida Statutes. I further	

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attal himself with an address.