

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Stewart
Secretary of State
DIVISION OF CORPORATIONINGS

APPROVED,
AND
FILED

DOCUMENT # L33555

(8)

55 MAY - 1 PM 2:33

1. Corporation Name

L & M INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Present Office Address _____ Mailing Address _____

2881 SW 86TH WAY
DAVIE FL 33328
US

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DAVIE FL 33328
US

ON THIS FORM USE DUE SPACE

3. Date Incorporated or Organized 3a. Date of Last Report
12/04/1989 **04/25/1994**

4. File Number **65-0167900** Applied For
Not Applicable

5. Certificate of Status Desired \$0.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. This corporation is authorized to calculate its tax under § 199 of
Florida Statutes Yes, No

9. Name and Address of Current Registered Agent

LLOYD, PETER J.
2881 SW 86TH WAY
DAVIE FL 33328

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box Number or Not Applicable	83.
84. City	85. Zip Code	FL

11. I, the undersigned, a shareholder of the corporation (Block 6007 and 6008, Florida Statutes), being duly authorized by the corporation's Board of Directors, hereby accept the appointment as registered agent for the corporation and the property of "L & M INC." (Block 1, Florida Statutes).

SIGNED AND

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

PD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LLOYD, PETER J. 2881 SW 86TH WAY DAVIE FL	2. NAME	
V	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MORANO, CARMEN 2881 SW 86TH WAY DAVIE FL	4. NAME	
S	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MORANO, BARBARA 2881 SW 86TH WAY DAVIE FL	6. NAME	
T	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LLOYD, ARLENE 2881 SW 86TH WAY DAVIE FL	8. NAME	
	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110(1)(b) of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, true and accurate, and that my signature shall have the same legal effect as a typed or printed name on the document or the document or the name of trustee or power of attorney or attorney-in-fact or in any other form or manner.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 326434-070
1/24/95 326434-070