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Jan 31 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 # L65567 (4)

1. Corporation Name
L & E ASSOCIATES, INC.

Principal Place of Business
10044 NW 22ND ST
PEMBROKE PINES FL 33024
US

Mailing Address
10541 N.W. 22ND ST.
PEMBROKE PINES FL 33026-2300
US



3. Date Incorporated or Qualified 04/12/1990
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 21 10541 NW 22nd St Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines FL Zip 24 33026	2b. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Broward 28 Zip 29 33026	4. FEI Number 65-0195799 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent MITCHELL, OSCAR L. 10541 N W 22ND ST. PEMBROKE PINES FL 33026	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
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MITCHELL, OSCAR LEO	1.1 TITLE	
NAME	MITCHELL, OSCAR LEO	1.2 NAME	
STREET ADDRESS	10541 N.W. 22ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	
TITLE	S MITCHELL, EDYTHE	2.1 TITLE	
NAME	MITCHELL, EDYTHE	2.2 NAME	
STREET ADDRESS	10541 N.W. 22ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Edythe Mitchell Date: 1/26/97 Daytime Phone #: 963-2300

CR2E034 (9/96)