SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M91454

LR3 ENTERPRISES ACCOUNTING, INC.

(2)

FILED Aug 13 1996 8:00 am Secretary of State

										2(8)) B(6)) B(8)) B(8)
Principal Place of Business Mailing Address							- I 1985/00/4 4/0 10/0/ //E// 84/00/ 94/00/			0/0/(E10)) (!))
	ITLAND AVE. FL 32751-3317		1535 N. MAITLAND AVE. MAITLAND FL 32751-3317							
							3. Date Incorporated or Qualified	3a. Da	ate of I	Last Report
							07/21/1988	0.	5/01/	1995
	Place of Business	2a. Mail n	g Address				4. FEI Number			Applied For
21		26					59-2903299			Not Applicable
Suite, Apt	#, etc	27 Suite,	Apt.#, etc.				5. Certificate of Status Desired	X		3.75 Additional Fee Required
City & Stat	e	City &	City & State				6. Election Campaign Financing	r	\$	5.00 May Be
23		28	·				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Cou	ntry		8. This corporation has hability for in		_	
24	[25]	29		30			Florida Statutes	Yes	No	
Name and Address of Current Registered Agent						Name	10. Name and Address of New Reg	istered /	Agent	
Ri	EGISTER, LLOYD E.				81	Harrie				
1535 N. MAITLAND AVE.					82	Street Address (P.O. Box Number is Not Acceptable)				
M	AITLAND FL 32751			ŀ	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 regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									ing its registered at as registered	
SIGNATURE										
Signature typed or printed name of registered agent and the if applicative (NOT). Reg 12. OFFICERS AND DIRECTORS					reserred Agent signature required, when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				OTODO INLAO	
TIFLE	DP OT TOLKS AN	ID DINI CIONS	DELETE	1 1 717			ADDITIONS/CHANGES TO OFFIC	EHS ANL		hange Addition
NAME	REGISTER, LLOYD E., III	'		1 2 NA				1		nang/ [_] manan
STREET ADDRESS	507 FORRESTOOD CT.					ADDRESS				
CITY - ST - ZIP	MAITLAND FL			1.4 CI						
TITLE	DV DELETE			2 1 111					Ci	hange Addition
NAME	REGISTER, SHARON			2.2 NA	ME					
STREET ADDRESS	507 FORRESTOOD CT.			23 ST	HEETA	ADDRESS				
CITY - ST - ZIP	MAITLAND FL			2 4 01	TY - S	T - ZIP				
TITLE	ST		DELETE	3 1 117	ιE			I	Ci	hange Addition
NAME	PACE, ERICK			3 2 NA	ME					
STREET ADDRESS	1535 N MAITLAND AVE			3381	3 3 STREET ADDRESS					
CITY - ST - ZIP	MAITLAND FL.			3 4 CI	1Y - S	T - ZIP				
TITLE			DELETE	4 1 TeT	LF				C	hange Addition
NAME				4 2 NA	AME					
STREET ADDRESS				4 3 ST	REETA	ADDRESS				
CITY - ST - ZIP				4401		- ZIP			p\\\	
TITLE	L DELETE 5		5 1 TH	5 1 THILE			{	CI	hange Addition	
NAME				5.2 NA	MF					
STREET ADDRESS				53SI	PEETA	ADDRESS				
CITY-ST-ZIP			"I pores	5.4 CI		- 719				
TITLE			DELETE	6 1 TH				Ĺ	C	hange Addition
NAME				6.2 NA	ME	ĺ				
STREET ADDRESS				6351	REETA	ADDRESS				
CITY-ST-ZIP			····	6.4 CF	Y - ST	- ZIP				

I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes 1 furlier certify that the information and cated 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if Chango or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEDHAME OF SIGNING OFFICER OR DIRECTOR

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