


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005262 (0)**

1. Corporation Name

THE LOVELANDERS, INC.

Principal Place of Business

**4002 S TAMiami TR
VENICE FL 34283**

Mailing Address

**4002 S TAMiami TR
VENICE FL 34283-3030**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1994		3a. Date of Last Report 03/06/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0551561		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C
341 W VENICE AVE
VENICE FL 34285**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, JACK	1.2 NAME	
STREET ADDRESS	389 REDWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 3429-3	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDS, BERNARD	2.2 NAME	MEANEY, MARY
STREET ADDRESS	5896 BUCHANAN ROAD	2.3 STREET ADDRESS	9 DOMINICA DRIVE
CITY-ST-ZIP	VENICE FL 34283	2.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34223
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, BETTY	3.2 NAME	MACKAY, JOYCE
STREET ADDRESS	2113 TOCOBAGA LANE	3.3 STREET ADDRESS	604 PAGET DR.
CITY-ST-ZIP	NOKOMIS FL 34275	3.4 CITY-ST-ZIP	VENICE, FL. 34293
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINO, RITA	4.2 NAME	ZELLER, ETHEL
STREET ADDRESS	1808 FLAMETREE LN	4.3 STREET ADDRESS	403 WELLINGTON COURT
CITY-ST-ZIP	VENICE FL 34223	4.4 CITY-ST-ZIP	VENICE, FL. 34292
TITLE	CS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINS, BETTY	5.2 NAME	BLAKE, LOIS
STREET ADDRESS	8930 HUNTINGTON POINT DRIVE	5.3 STREET ADDRESS	336 OAKWOOD CIRCLE
CITY-ST-ZIP	SARASOTA FL 34238	5.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34223
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joyce Mackey** **JOYCE MACKAY** 2-16-97
Date Daytime Phone # **0064780**

CR2E037 (9/96)