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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90059 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005638					
1. Corporation Name LOVE CENTER, INCORPORATED					
Principal Place of Business 6037 DUNMIRE AVENUE JACKSONVILLE FL 32219 US			Mailing Address 6037 DUNMIRE AVENUE JACKSONVILLE FL 32219 US		

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2. Principal Place of Business 21 6037 Dunmire Avenue Suite, Apt. #, etc. 22 Church City & State 23 SAK Florida Zip Country 24 32219 25 Duval		2a. Mailing Address 26 6037 Dunmire Avenue Suite, Apt. #, etc. 27 Church City & State 28 JACKSONVILLE FL Zip Country 29 32219 30 Duval		3. Date Incorporated or Qualified 11/27/1995 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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8. Name and Address of Current Registered Agent PARKER, VIRLEY 6037 DUNMIRE AVENUE JACKSONVILLE FL 32219		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	
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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

Signature, typed or printed name of registered agent and title if applicable.

(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	PARKER, VIRLEY M	1.2 NAME	
STREET ADDRESS	7157 WELAND PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, GEORGE A	2.2 NAME	
STREET ADDRESS	225 DIGNAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JOEL	3.2 NAME	
STREET ADDRESS	3228 BROCKETT WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, IRISH I	4.2 NAME	
STREET ADDRESS	8105 TARLING AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virley M. Parker
 Daytime Phone #

CR2E037 (1/98)