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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P26211

(3)

LANDRY	ENTERPRISES.	INC.
CHIVIII	LITTLI HIULU	

Principal Place of Business Mailing Address

5962 CRYSTAL VIEW DRIVE 5962 CRYSTAL VIEW DRIVE ORLANDO FL 32819 ORLANDO FL 32819



ONDARDO	1	UNICANDO PE 32819					
					3. Date incorporated or Qualified	3a. Date of Last I	'
					09/27/1989	05/01/	1995
2. Principal Pla		2a. Mailing Address	01		4. FEI Number		Applied For
21 Drapt	In Recication	26 105 Robin	na	···	23-2361351		Not Applicable
	Cobin Rd	Suite, Apt. #, etc.  27	301	1055	5. Certificate of Status Desired		5 Additional Required
City & State		City & State	,	0	6. Election Campaign Financing	<b>\$5.0</b>	00 May Be
	nonte Spring 5, FL	28 FL.		****	Trust Fund Contribution		ed to Fees
Zip クカイ	Gountry //	Zφ	Countr	<sup>y</sup> <	8. This corporation has liability for i		s 199.032,
24 32-1	0/ 25 05		30	سـ 		□ No	
	g. Name and Address of Current	Hegistered Agent		T	10. Name and Address of New R	egistered Agent	
			81	Name			
LANDRY, BRIAN C.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	5962 CRYSTAL VIEW DRIVE						
ORLAN	DO FL 32819		83	1			
			84	City		<b> 85</b> Z	ip Code
* : <u>-</u>							
11. Pursuant to or registere	othe provisions of Sections 607.0502 and agent, or both in the State of Florida	nd 607.1508, Florida Statutes, Such change was authorized	the above-	named corp	poration submits this statement for the purp pard of directors. I hereby accept the appo	pose of changing its	registered office
familiar with	n, and accept the obligations of, Sectio	1 607.0505, Florida Statutes.	by the con	JOI BRIOTI S DC	hard or directors. Thereby accept the appo	Jinument as registere	d agent. i am
SIGNATURE							
	Signature, typed or printed name of registered agent at			nt signature requ	ured when reinstating)	DATE	
12.	PVS OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		
NAME		FT DEFEIG	1. 1 TITLE			☐ Change	Addition )
	LANDRY, BRIAN C.		1.2 NAME				
STREET ADDRESS	5962 CRYSTAL VIEW DRIVE			T ADDRESS			
CITY-ST-ZP	ORLANDO FL	ET DELETE	14 CHY-	ST-ZIP			
TITLE		DELETE	2 1 TITLE			Change	☐ Addition
NAME			22 NAME				1
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP TITLE		FT3 DF: 51/	24 CITY-	ST · ZIP			
ŀ		DELETE	3 1 TITLE			Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3. STREE	T ADDRESS			
CITY-ST-2IP		F"I OFICE	3 4 CITY -	ST-ZIP			
TITLE		□ DEL€TE	4 1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP TITLE		F3 pciess	4.4 CITY-	ST-ZIP			
		☐ DELETE	5 1 TITLE			Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS				FADDRESS			
CITY - ST - ZIP		ED DOLLAR	5.4 CITY-	ST-ZIP			
TITLE		DELETE	6 1 TITUE			Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ
CHTY-ST-ZIP			6.4 CITY-	ST-ZIP			
14. I do nereby	certify that the information supplied wi	n this filing is voluntarily furnish	ied and doe	es not qualify	for the exemption stated in Section 119.0	07(3)(k), Florida Statu	ites. 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #