## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DIVISION OF COR

Mailing Address

## DOCUMENT # **P92000009815**1. Corporation Name

LJPGE ENTERPRISES, INC.

Principal Place of Business

1059-A AUROR/ MELBOURNE FI US	·	530 HORIZON DR. KENANSVILLE PL 34739- US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  12/04/1992	S SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address	1	4. FEI Number	App	olied For
21		26 1340 Rich	wood Circ	Je 59-3181108	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> -A	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 Rockledge	(= l	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible	
24	25	29 33955 30	o us	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
530	OT, LAWRENCE J HORIZON DR ANSVILLE FL 34739		81 Name E \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aiott Lawrence J Address (P.O. Box Number is Not Acceptable)	85 Zip C	
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat the obligated agent with the state of th	of Florida, Such change was autrions of, Section 607.0505, Florid and title if applicable. (NOTE: Ro	the above-named of norized by the corporal Statutes.		of changing its in continuent as reg	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLÉ		Change	[_] Addition
NAME	ELLIOT, LAWRENCE J		1.2 NAME	1340 Richwood Circle		
STREET ADDRESS	530 HORIZON DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	KENANSVILLE FL		1.4 CITY-ST-ZIP	Rockledge FI 32955		F3 4 ) Pri
TITLE	VST	☐ DELETE	2.1 TITLE	•	Change	Addition
NAME	ELLIOTT, PATRICIA GALE		2.2 NAME	عاديم المتعادة ومراسا	-	
STREET ADDRESS	530 HORIZON DR		2.3 STREET ADDRESS	1340 Bichmood ande		٠.
CITY-ST-ZIP	KENANSVILLE FL		2.4 CITY-ST-ZIP	Rockledge FI 32955		
TITLE		☐ DELETE	31 TITLE	`	Change	Addition
NAME	}		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34 CITY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TID 6		□ DELETE	51 TITLE		Change	Addition

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 607, 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.

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SHOWLE AND FEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Pelvila

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90185 030 \*\*\*158.75

407-253-6444

☐ Change

Addition

(ZEU34 (11/98)