


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

FILED  
Mar 24 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <p style="text-align: center;"><b>LORILL CORPORATION</b>  <b>#P93600007586</b></p>					
Principal Place of Business <b>4227 MERCANTILE AVE</b> <b>NAPLES FL 34104</b>		Mailing Address <b>LOREN A. BELL</b> <b>LORILL CORP.</b> <b>4560 CAPRI DR.</b> <b>NAPLES FL 34103</b>			
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 21 <b>SAME AS ABOVE</b>		<b>2a. Mailing Address</b> 26 <b>SAME AS ABOVE</b>		<b>3. Date Incorporated or Qualified</b> 4. FEI Number <b>65-0390770</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23		City & State 28		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24		Zip 29		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30			
<b>9. Name and Address of Current Registered Agent</b> <b>JOHN F. MOOLEY P.A.</b> <b>SUITE 401</b> <b>4532 TAMiami TRAIL EAST</b> <b>NAPLES FL 34112</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>LOREN A. BELL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4560 CAPRI DR.</b> 83 84 City <b>NAPLES</b> <b>FL</b> 85 Zip Code <b>34103</b>		
<b>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 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 607.0505, Florida Statutes.</b> SIGNATURE <u><i>Sandra B. Mortham</i></u> <b>PRESIDENT</b> <b>3/19/98</b> <small>(Signature typed in printed name of registered agent and not applicable) (NOTE: Registered Agent's signature required when reinstating) DATE</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>LOREN A. BELL</b> <input type="checkbox"/> DELETE NAME <b>PRESIDENT</b> STREET ADDRESS <b>4560 CAPRI DR</b> CITY-ST-ZIP <b>NAPLES FL 34103</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>WM. SMITH V. PRES.</b> <input type="checkbox"/> DELETE NAME <b>"742 ORCHID CT</b> STREET ADDRESS <b>MARCO ISLAND FL 341145</b> CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>DOREEN SMITH</b> <input type="checkbox"/> DELETE NAME <b>SECRETARY</b> STREET ADDRESS <b>642 ORCHID CT.</b> CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>ROBERTA E. BELL</b> <input type="checkbox"/> DELETE NAME <b>TREASURER</b> STREET ADDRESS <b>4560 CAPRI DR.</b> CITY-ST-ZIP <b>NAPLES FL 34103</b>			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>U. PRESIDENT</b> 4.3 STREET ADDRESS <b>ROBERTA E. BELL</b> 4.4 CITY-ST-ZIP <b>4560 CAPRI DR.</b> <b>NAPLES FL 34103</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<b>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.</b> SIGNATURE <u><i>Sandra B. Mortham</i></u> <b>PRESIDENT</b> <b>3/19/98</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/97)