

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
LORILL CORPORATION
#P93600007586

Principal Place of Business: **4227 MERCANTILE AVE NAPLES FL 34104**
 Mailing Address: **LOREN A. BELL LORILL CORP. 4560 CAPRI DR. NAPLES FL 34103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE	4. FEI Number 65-0390770	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JOHN F. HOOLEY P.A.
SUITE 401
4532 TAMAMI TRAIL EAST
NAPLES FL 34112

81 Name **LOREN A. BELL**
 82 Street Address (P.O. Box Number is Not Acceptable)
4560 CAPRI DR.
 83
 84 City **NAPLES** FL 85 Zip Code **34103**

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.

SIGNATURE: *Sandra B. Mortham* PRESIDENT DATE: **3/19/98**

12. OFFICERS AND DIRECTORS

TITLE	LOREN A. BELL	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	4560 CAPRI DR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	WM. SMITH V. PRES.	<input type="checkbox"/> DELETE
NAME	"	
STREET ADDRESS	742 ORCHID CT	
CITY-ST-ZIP	MARCO ISLAND FL 341145	
TITLE	DOREEN SMITH	<input type="checkbox"/> DELETE
NAME	SECRETARY	
STREET ADDRESS	642 ORCHID CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ROBERTA E. BELL	<input type="checkbox"/> DELETE
NAME	TREASURER	
STREET ADDRESS	4560 CAPRI DR.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V. PRESIDENT
4.3 STREET ADDRESS	ROBERTA E. BELL
4.4 CITY-ST-ZIP	4560 CAPRI DR. NAPLES FL 34103
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002468240
6.3 STREET ADDRESS	-03/25/98--01069--030
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: *Sandra B. Mortham* PRESIDENT DATE: **3/19/98**

CR2E034 (10/97)