

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022565 (4)

1. Corporation Name

LOU PAM ENTERPRISES, INC.

Principal Place of Business

WPAW BRAUER
105 A DOGWOOD RD.
ORANGE CITY FL 32763
US

Mailing Address

WPAW BRAUER
105 A DOGWOOD RD.
ORANGE CITY FL 32763
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3172834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 2438 So. Volusia Ave

2a. Mailing Address

26 2438 So. Volusia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORANGE CITY, FLORIDA

City & State

28 ORANGE CITY, FLORIDA

Zip

24 32763

Country

25 VOLUSIA

Zip

29 32763

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

ABELES, DAVID E
5 WEST HIGHBANKS RD.
DEBARY FL 32763

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

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

(Signature of officer or director of corporation, or registered agent, and the corporation)

(Signature of Registered Agent, required when mandatory)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	BRAUER, PAM	1715 BAVON DR.	DELTONA FL 32725

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Pamela Brauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

(904) 774 7837

Date

Telephone Number