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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000022565 (4)

LOU PAM ENTERPRISES, INC.

Principal Place of Business Mailing Address 2438 S VOLUSIA AVE 2438 S VOLUSIA AVE 105 A DOGWOOD RD. 105 A DOGWOOD RD. **ORANGE CITY FL 32763 ORANGE CITY FL 32763-7618** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/25/1993 07/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 59-3172834 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 2mZip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABELES, DAVID E 5 WEST HIGHBANKS RD. 82 Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32763 83 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, typoid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition TITLE 1.1 TITLE BURNELL LAURIE NAME 1.2 NAME 2575 E JULIET DRIVE 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CHY-SI-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 THILE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 1 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE Channe Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST 4.4 CITY-ST-ZIP 7111.8 DELETE 5.1 TITLE Change Addition NAMÉ 5.2 NAME STREET AUDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TATLE 61 TitlE 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 eath; 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/il changed, or on an attachment with an address.

LETE RURNE

SIGNATURE:

CITY-ST-ZIP

0070201

**FILED** 

Apr 22 1997 8:00am

Secretary of State