7-3-97 B- 7431 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

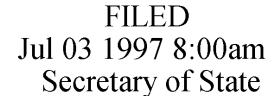
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048438 (4)

L & R SERVICES, INC.

Principal Place of Business

Mailing Address





11151 63RD LANE NORTH LAKE PARK FL 33412		11151 B3RD LANE NORTH LAKE PARK FL 33412-1504							
					3. Date Incorporated or Qualified 07/02/1993	3a. Date of 06/21/		eport	
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For	
21		26			65-045 15 16 Not Applicab				
Sulte, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	e	City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25		Countr 30						
ļ	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent					
ELLINGTON, RICHARD N				81 Name					
701 US 1, S-402 N PALM BCH. FL 33418			82	82 Street Address (P.O. Box Number is Not Acceptable)					
N P		83							
			84	City		FI 85	Zip (Code	
11. Pursuant	to the provisions of Sections 607 05	502 and 607,1508. Florida Statute	s, the abov	/e-named cor	rporation submits this statement for the n	urnose of chai	L naina it	s registered	
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, typod or printed name of registered a			ont signature requ	uired when reinstating)	DATE			
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		ECTOR: Change	S IN 12	
NAME	PD Clark, Lisa B	C Decese	1.1 1/TLE 1.2 NAME			<u> </u>	mange	L ADDITION [
STREET ADDRESS	11151 83RD LANE NORTH		- 1	T ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33412		1.4 CITY-						
TITLE	STD	DELETE	2.1 TITLE				Change	Addition	
NAME	BARILE, ANGELO J		2.2 NAME						
STREET ADDRESS	11151 83RD LANE NORTH			23 STREET ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33412		2 4 C(TY-	ST-ZIP					
TITLE	•	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME]					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE	**************************************		3.4. CITY - 4.1 TITLE	S1-ZIP			Change	Addition	
NAME			4.1 HILE 4. 2 NAME				manyc	LI AUGILION	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-					'	
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	1 ADDRESS				'	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELE1E	6.1 TITLE				Change	Addition	
NAME	. 11		62 NAME	1					
STREET ADDRESS	÷		1	T ADDRESS					
CITY-ST-ZIP			64 CITY-	ST-ZIP			:	i	

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 oath; that I am an officer or director of the corporation or the receiper entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapted, or on an arectment with an address.

CICNATURE.

Kela II Mish

6/21/91/11/175-225