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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051428 (9)

L/P PROPERTIES & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

10115 CROZIER COURT ORLANDO FL 32817 10115 CROZIER COURT

FILED Apr 20 1998 8:00am Secretary of State



ONDAROO FE SEGIF	UNLANDO PL 32817		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified		
2. Principal Place of Business	2a. Mailing Address		07/22/1993 4. FEI Number	Applied For	
21 9800 DEAN WOODS	PLACE 26 9800 DEA	N WOOS Place		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing		
23 ORLANDO, FL	28 ORLANDO,	FL	Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the cu		
24 3 > 8 > 5 25		30		Yes No	
	Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
ENDS, KEVIN B.					
10115 CROZIER CT		82 Street Ad	diress (R.O. Box Number is Not Acceptable)	- <i>L</i>	
ORLANDO FL 32817		83 90 D	D DEAN WOODS PLAN		
		84 Ciby	iando, PC FL	85 Zip Code	
11. Pursuant to the provisions of Sections 6	607 0502 and 607 1508. Florida Statute	es the above-named co	prporation submits this statement for the purpose of	d changing its registeres	
office or registered agent, or both, in the agent. I am familiar with, and accept the	ie Stale of Florida. Such change was a	uthorized by the corpor	ration's board of directors. I hereby accept the ap	pointment as registered	
· ·	o obligations of, 500000 007,0005, FI0	riua Statujes.			
SIGNATURE Signature, typed or printed name of reg-	stered agent and title flapple after (NOTE	Registered Agent signature rec	quired when reinstating) DATE		
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE		Change Addition	
HAME ENOS, KEVIN B		1.2 NAME	Ou A	_	
STREET ADDRESS 10115 CROZIER COUP	RT	1.3 STREET ADDRESS	9000 Dedu Lusos PU Driando, FC. 326	ee_	
CITY-ST-ZIP ORLANDO FL 32817		1.4 CITY - ST - ZIP	DRIANCE, PC. 326	ಬ್	
TITLE	[] DELETE	21 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	- Drugge	2. 4 CITY-ST-ZIP			
	L] DELETE	3.1 TITLE		Change Addition	
NAME STREET ADDRESS		3.2 NAME			
CITY-SI-ZIP		3.3 STREET ADDRESS			
TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME		C Onlarige C Addition	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		5.2 NAME		•	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
THILE	DELETE	6.1 TITLE		Change Addition	
HAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CHY-ST-ZIP		200	
indicated on this ariqual report of suppli	emental annual report is true and accu he receiver or trustee empowered to e an attacher hit with an address.	rate and that my signal xecute this report as rea	n Section 119.07(3)(i), Florida Statutes. I further of ture shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and that i	nder oath; that I am an 1 my name appears in	