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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

## P94000018412 (4) **DOCUMENT #**

L P L L ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED 97 HAR 21 AM 11: 38

SECRETARY	IF STATE FLORIDA
	OF STATE CFLORIDA

2804 SW 35TH ST CAPE CORAL FL 33914		2804 SW 35TH ST CAPE CORAL FL 33914						
						3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last 05/01/1	Report <b>1995</b>
2. Principal Place of Business 2a. Mailing Addres			· · · · · · · · · · · · · · · · · · ·			4. FEI Number 65-0468913		Applied For
Suite, Apt. #	t olo	Suite, Apl. #, etc.				00 0400010	фр.	Not Applicat  75 Additions
22	, old.	27				5. Certificate of Status Desired	1	e Required
City & State		City & State				6. Election Campaign Financing	1 1	.00 May I
Zip	Country	<b>28</b>	Country			Trust Fund Contribution  8. This corporation has liability for it	Ad	ded to Fe
24	25	29	30	itiy		Florida Statutes Yes		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PARZYNSKI, LAWRENCE			81 Name 5					
2804 8W 35TH ST			Street Address (P.O. Box Number is Not Acceptable)					
CAPE C	ORAL FL 33914		Ţ	83				1
	•		}	84	City		FL 85	Zipζ
11. Pursuant to	o the provisions of Sections 607.0502	and 607,1508, Florida Statuto	es, the abou	vo-n	named corpora	ation submits this statement for the pure	pose of changing it	s rec loffice
familiar with		on 607.050 Florida Statutes			0.00011.0.000.0	of directors. Thereby accept the appoint		/ / /
SIGNATURE _	Signature, typed or printed name of rigisterus/digory	no title If applicable. (NO	H. Registered	Age i	t signature required		12-97	
12.	OF HORMS AM	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	T: /N 12
TITLE	PARZYNSKI, LAWRENCE	PADZVNOVI I AMIDENICE		1 11111			☐ Chang	e 🔲 Addition
NAME	2804 SW 35TH ST		1.2 NA		1000000			
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL EL 33914			STREET ADDRESS CITY-ST-ZIP				
TITLE	\$10	DELETE	2.11		1 2 11		Chang	e 🔲 Addition
NAME	PARZYNSKI, PAMELA A			2.2 NAME 2.3 STREET ADDRESS				1
STREET ADDRESS	2804 SW 35TH ST CAPE CORAL FL 33914							
CITY-ST-ZIP	UMPE CONAL PL 33914	FT beaut	2.4 CHY-SI-ZIP 3.1 THE		I - ZIP			- A-2-19
TATLE							☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			3.2 NA		ADDRESS	Special Special Special Special Special Special	a	a
CITY-ST-ZIP			3.4 01		í	300002:	/9701074	001
TITLE		DELETE.	4. 1 Ti			****2	/9701074 ∕5.00 □***	9:229 Agripo
NAME #			4.2 NA	ME				
STREET AS DRESS			4.3 ST	REET.	ADDRESS			
CITY-ST-ZIP		FTDFLEM	4 4 CH		T- ZIP		FT 06	- First Addition
TITLE		DELETE	5 1 11				Chang	e 🗌 Addilion
NAME Street address			5.2 NA 5.3 ST:		ADDRESS			
CITY-ST-ZIP			5.4 CIT			\^\		
TITLE		DELETE	6.1 1			1 KI, a	Chang	e 🔲 Addition
NAME			6.2 NA	ME		(M) (M)		
STREET ADDRESS			6.3 \$1	REET.	ADDRESS	MAN		
CITY-ST-ZIP	contify that the information supplied y	du nos these is the first	6.4 CIT			(\frac{1}{2}\]	17/3VIA Florido Sto	

could be a managed on 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 trusted 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 axial ment with an address.

3-12-97 (941) 542-7006