## 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

**FILED** 

May 11 1998 8:00am

Secretary of State

DOCUMENT # P94000037442 (8)

LUV'EM PUMPS, INC.

Principal Place of Business Mailing Address					
1110 MELBA CT			DO NOT WRITE IN THIS	© <b>©</b> D∆∩E	
				3. Date Incorporated or Qualified	3 31 ACE
1				05/16/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·	59-3243701	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		2 Flatin Ossanlar Fine star	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
p, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
CAYAVEC, LORI L 81 Name L. Cayavec					
100 INGRID PL 82 Street Andress				ress (AO. Box Number is Not Acceptable)	
OLDSMAR FL 34677			83 2480	Capitol Unive	
ľ					
			84 1921 nn 4	Harry F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 60% 1508, Florida Staintes	s, the above-named corr		
11. Pursuant to the provisions of Sections 607.0502 and 60X 1508, Flighta Startings, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flyrida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, sect accept the obligations of, Section 601.0505. Florida Statutes.					
	LAND I MIMILIAN	- Jungel	survile-	1).P. H-30	ન્ <b>વ</b> પ્
	Stonature, typod or printed name of registered		Register d Agent signature requir		
12.	D OFFICERS 7	AND DIRECTORS  DELETE	1. NTM E	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12  Change Addition
NAME	FLORA, SHARON A		12 NAME		Grienge
STREET ADDRESS	1110 MELBA CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34640		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CAYAVEC, LORI L		2.2 NAME		
STREET ADDRESS	100 INGRID PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	DELETE	2. 4 CHTY - ST - ZIP		Change I Addition
TITLE		E DECTETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		[ ] ACC.	6.2 NAME		C) Cumigo C Monitori
STREET ADDRESS			6.3 STREET ADDRESS		
31,11251,1120111200			I Supplied		1

14. I 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 attachment with an address.