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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000044949 (3)**

1. Corporation Name

LOU-ANN PROPERTIES, INC.



Principal Place of Business

Mailing Address

**2200 NORTH ATLANTIC AVENUE
APT. 1202
DAYTONA BEACH FL 32118**

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APT. 1202
DAYTONA BEACH FL 32118**

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2b. Mailing Address

21

State, Apt. #, etc.

26

Street, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**UNATIN, LOUIS
2200 NORTH ATLANTIC AVENUE
APT. 1202
DAYTONA BEACH FL 32118**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Specific period commencing on the date of the filing of this report

(P.O. Box Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	UNATIN, LOUIS	
STREET ADDRESS	2200 NORTH ATLANTIC AVENUE	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	
TITLE	STD	☐ DELETE
NAME	UNATIN, ANN	
STREET ADDRESS	2200 NORTH ATLANTIC AVENUE	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Ann J. Unatin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann J. Unatin

2/12/96

Date of Filing

CR2E034 (12/95)