

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

Amended Annual Report AND FILED *Le1.25*

95 JUN -3 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # *294-62185*
 1. Corporation Name
L. J. CARNS INC.

Principal Place of Business Mailing Address
5971 POWERS AVE SUITE #3 JACKSONVILLE, FL. 32217
P.O. BOX 23006 JAX. FL. 32241-3006

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified <i>6-92</i>	3a. Date of Last Report MAY 1, 1996
4. FEI Number 59 3174292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NIKARRA YOUNG
5971 POWERS AVE #3
JAX. FL. 32217

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City
 85 Zip Code
FL

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	MICHEAL HENLY	
STREET ADDRESS	5971 POWERS AVE #3	
CITY-ST-ZIP	JAX.FL. 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TREASURER
13 STREET ADDRESS	MICHEAL HENLY
14 CITY-ST-ZIP	5971 POWERS AVE. JAX.FL. 32217
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DIRECTOR
23 STREET ADDRESS	CHARLES SIMMONS
24 CITY-ST-ZIP	5971 POWERS AVE. #3 JAX, FL. 32217
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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: *Nikarra Young* NIKARRA YOUNG MAY 31, 1996 904-367-0288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)