

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

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000062185 (1)
1. Corporation Name
L. J. CARNS, INC.



Principal Place of Business 5971 POWERS AVE STE 3 JACKSONVILLE FL 32217 US	Mailing Address P.O. BOX 23006 JAX FL 32241-3006
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 6593 POWERS AVE #19 23 City & State JACKSONVILLE, FL. 24 Zip 32217	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State JACKSONVILLE, FL. 28 Zip 32217 29 Country DUVAL 30
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3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report 05/01/1996
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

YOUNG, NIKARRA 5971-03 POWERS AVE STE 3 JACKSONVILLE FL 32217	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

	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE **APRIL 29th, 1997**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENLEY, MICHAEL	
STREET ADDRESS	5971-03 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, CHARLES	
STREET ADDRESS	5971-03 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SEAN YOUNG	<input checked="" type="checkbox"/> DELETE
NAME	SEAN YOUNG	
STREET ADDRESS	5971 POWERS AVE.	
CITY-ST-ZIP	JAX. FL. 32217	
TITLE	RICHARD ALLEN	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD ALLEN	
STREET ADDRESS	5971-03 POWERS AVE.	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1P NAME	D
1B STREET ADDRESS	JANICE BELL
14 CITY-ST-ZIP	6593-19 POWERS AVE
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACKSONVILLE, FL. 32217
2.3 STREET ADDRESS	PRESIDENT
2.4 CITY-ST-ZIP	LEONARD BELL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6593-19 POWERS AVE.
3.3 STREET ADDRESS	JACKSONVILLE, FL. 32217
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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** 4-29-97

CR2E034 (9/96)