

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED  
 7/19/95

05 SEP 17 11:11:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000068935 (3)  
 1. Corporation Name  
**L\*R INVESTMENTS INC.**

Principal Place of Business Mailing Address  
**323 WORTH AVE PALM BEACH FL 33480** **323 WORTH AVE PALM BEACH FL 33480**

3. Date Incorporated or Qualified **09/19/1994** 3a. Date of Last Report **06/12/1995**  
 4. FEI Number **65-0520490** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS ENTERPRISES INC**  
**4521 PGA BLVD SUITE 211**  
**PALM BEACH GARDENS FL 33418**

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 607.1508 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Typed Name of Registered Agent) (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATHAM, PENE</b>	1.2 NAME	
STREET ADDRESS	<b>% 323 WORTH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	1.4 CITY-ST-ZIP	<b>4000001950004</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>-09/18/96--01083-01</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBLUM, SAUL A</b>	2.2 NAME	<b>***225.00</b> <b>***225.00</b>
STREET ADDRESS	<b>% 323 WORTH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBLUM, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>% 323 WORTH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*A. Latham*  
 9-17-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Pene Latham  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)