

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

FILED

Feb 25 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 # **P94000070216 (4)**

1. Corporation Name
L J P ENTERPRISES, INC.

Principal Place of Business

**129C SPRINGWOOD CIR
LONGWOOD FL 32750
US**

Mailing Address

**129 C SPRINGWOOD CIR
LONGWOOD FL 32750-5041**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 01/24/1996
21 421 MONTGOMERY ROAD	26 421 MONTGOMERY ROAD	4. FEI Number 59-3274732		Applied For Not Applicable	
22 SUITE 161	27 SUITE 161	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 ALTAMONTE SPRINGS, FL.	28 ALTAMONTE SPRINGS, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32714	25 SEMINOLE	29 32714	30 SEMINOLE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIZNARSKI, LEON J
129 C SPRINGWOOD CIR
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name **PIZNARSKI, LEON J.**
82 Street Address (P.O. Box Number is Not Acceptable)
421 MONTGOMERY ROAD
83 **SUITE 161**
84 City **ALTAMONTE SPRINGS FL** 85 Zip Code **32714**

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

Leon J. Piznarski

LEON J. PIZNARSKI

2-12-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIZNARSKI, LEON J	
STREET ADDRESS	129 C SPRINGWOOD CIR	
CITY - ST - ZIP	LONGWOOD FL 32750	
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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIZNARSKI, LEON J.	
1.3 STREET ADDRESS	421 MONTGOMERY ROAD SUITE 161	
1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL, 32714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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:

Leon J. Piznarski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON J. PIZNARSKI 2/12/97 407-682-6694
Date Daytime Phone

CR2E034 (9/96)