

**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.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000012661 (1)**

1. Corporation Name

**LJV, INC.**



Principal Place of Business

Mailing Address

**6001 PELICAN BAY BLVD.  
UNIT 1006  
NAPLES FL 33963**

**6001 PELICAN BAY BLVD.  
UNIT 1006  
NAPLES FL 33963**

3. Date Incorporated or Qualified **02/14/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **2096 BERCON MANOR DR**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 60223**  
Suite, Apt. #, etc.

4. FEI Number **65-0571546** Applied For  
Not Applicable

22 City & State  
23 **FORT MYERS, FL**

27 City & State  
28 **FORT MYERS, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33907** 25 Country **LEE**

29 Zip **33906-6223** 30 Country **LEE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VLASHO, LOUIS  
6001 PELICAN BAY BLVD.  
UNIT 1006  
NAPLES FL 33963 34108**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL 34108**

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

*Louis Vlasho*  
Signature of person named in 9. Current agent and 10. New agent (NOTE: Registered Agent signature required when reinstating)

**8/1/96**  
Date

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>VLASHO, LOUIS</b>	1.2 NAME	
STREET ADDRESS	<b>6001 PELICAN BAY BLVD., UNIT 1006</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	1.4 CITY-ST-ZIP	<b>ZIP CODE ONLY 34108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VLASHO, JANET C</b>	2.2 NAME	
STREET ADDRESS	<b>6001 PELICAN BAY BLVD., UNIT 1006</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	2.4 CITY-ST-ZIP	<b>ZIP CODE ONLY 34108</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Louis Vlasho*  
**Louis Vlasho**

**8/1/96 941-939-4144**  
Date Date/Time Phone #

CR2E034 (3/96)