

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

FILED

**Mar 17 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 # P95000019370
 1. Corporation Name
L.R. Real Estate, Inc.

Principal Place of Business 25 S. Atlantic Ave. Cocoa Beach FL 32931	Mailing Address 25 S. Atlantic Ave. Cocoa Beach FL 32931
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2. Principal Place of Business 21 767 Clearlake Road Suite, Apt. #, etc.		2a. Mailing Address 26 767 Clearlake Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 3/9/95	3a. Date of Last Report
22 City & State 23 Cocoa, FL 329 Zip Country 24 32922 25 USA		27 City & State 28 Cocoa, FL Zip Country 29 32922 30 USA		4. FEI Number 59-3314560	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
John R. Kancilia
516 N. Harbor City Blvd
Melbourne, Fl 32935

10. Name and Address of New Registered Agent

81 Name John Lingo
82 Street Address (P.O. Box Number is Not Acceptable) 767 Clearlake Road
83
84 City Cocoa
85 Zip Code FL 32922

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 607.0506, Florida Statutes.

SIGNATURE *John Lingo* (Signature, typed or printed name of registered agent and, if applicable, (NONE) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE Director	<input type="checkbox"/> DELETE
NAME John Lingo	
STREET ADDRESS 25 S. Atlantic Ave.	
CITY-ST-ZIP Cocoa Beach FL 32931	
TITLE Director	<input checked="" type="checkbox"/> DELETE
NAME Stephen H. Roytman	
STREET ADDRESS 25 S. Atlantic Ave.	
CITY-ST-ZIP Cocoa, Beach, FL 32931	
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 President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME John Lingo	
1.3 STREET ADDRESS 767 Clearlake Rd.	
1.4 CITY-ST-ZIP Cocoa, FL 32922	
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	

VB 317
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*****173.75**

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: *John Lingo* **PROSS** **3/16/97** **(407) 631-1005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)