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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000032845 (6)

1. Corporation Name
L3 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1301 10TH ST. EAST SUITE F PALMETTO FL 34221 US	P.O. BOX 381 ELLENTON FL 34222-0381

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report: 08/07/1996
4. FEI Number: 59-3312535 — ☐ 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 1001 3rd Ave. W.	26 [illegible]
Suite, Apt. #, etc.: 22 Suite 250	Suite, Apt. #, etc.: 27
City & State: 23 Bradenton, FL	City & State: 28
Zip: 24 34205 — Country: 25 US	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOYLE, D. ROBERT 1111 3RD AVE W BRADENTON FL 34225	81 Name: MICHAEL ABERT LUKE 82 Street Address (P.O. Box Number is Not Acceptable): 1001 3RD AVE W. 83 SUITE #250 84 City: BRADENTON FL 85 Zip Code: 34205

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 MICHAEL ABERT LUKE — 7/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, MICHAEL	1.2 NAME	
STREET ADDRESS	3410 WILDERNESS BLVD. E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	LANNERT, MICHAEL	2.2 NAME	RICK PETERSON
STREET ADDRESS	3102 LAKESIDE CI.	2.3 STREET ADDRESS	2308 89th ST NW
CITY-ST-ZIP	PARRISH FL 3421-9	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANGFORD, RICK	3.2 NAME	
STREET ADDRESS	8330 - 9TH AVE. TERRACE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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