

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035708

1. Corporation Name:

LEMERAND ENTERPRISES, INC.

Principal Place of Business:

Mailing Address:

**501 Golf Tee Lane, #217
Longwood, FL 32779**

**501 Golf Tee Lane, #217
Longwood, FL 32779**

2. Principal Place of Business:

2a. Mailing Address:

21 **202 S. Park Ave.**

26 **202 S. Park Ave.**

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State

27 City & State

23 **Winter Park, FL**

28 **Winter Park, FL**

24 Zip Country

29 Zip Country

24 **32789**

25

29 **32789**

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9. Name and Address of Current Registered Agent

**Rhonda G. Lemerand
501 Golf Tee Lane, #217
Longwood, FL 32779**

3. Date Incorporated or Qualified
May 5, 1995

3a. Date of Last Report

4. FEI Number
59-3312118

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. 199.03? Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
Rhonda G. Lemerand

82 Street Address (P.O. Box Number is Not Acceptable)
490 Henkel Circle

83

84 City
Winter Park

85 Zip Code
FL 32789

17. 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

Signature of Registered Agent (Print Name and Title of Agent)

(Print Name and Address of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PDS Rhonda G. Lemerand**
STREET ADDRESS **490 Henkel Circle**
CITY-STATE-ZIP **Winter Park, FL 32789**

TITLE DELETE
NAME
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CITY-STATE-ZIP

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TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

**400001880374
-07/01/96--01027--021
***225.00**

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: *Rhonda G. Lemerand* **President** (6-13-96) (407) 645-2322
Rhonda G. Lemerand, President
CS 6/28/96

CR2E034 (3/96)