

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000045317 (1)

1. Corporation Name
LJM ASSOCIATES, INC.



Principal Place of Business: **3 OLIPHANT CIR INDIALANTIC FL 32903**
Mailing Address: **3 OLIPHANT CIR INDIALANTIC FL 32903**

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report

2. Principal Place of Business:
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address:
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number: **59-3319655**
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

9. Name and Address of Current Registered Agent
**MITCHELL, LOLA B
3 OLIPHANT CIR
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL**
85. Zip Code

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: _____ DATE: _____
I, the undersigned, am the registered agent for the corporation named herein.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	2. NAME	
STREET ADDRESS	LOLA B. MITCHELL	3. STREET ADDRESS	
CITY-ST-ZIP	3 OLIPHANT CIR	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	INDIALANTIC, FL 32903-4118	5. TITLE	
TITLE	<input type="checkbox"/> DELETE	6. NAME	
NAME		7. STREET ADDRESS	
STREET ADDRESS		8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		9. TITLE	
TITLE	<input type="checkbox"/> DELETE	10. NAME	
NAME		11. STREET ADDRESS	
STREET ADDRESS		12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		13. TITLE	
TITLE	<input type="checkbox"/> DELETE	14. NAME	
NAME		15. STREET ADDRESS	
STREET ADDRESS		16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		17. TITLE	
TITLE	<input type="checkbox"/> DELETE	18. NAME	
NAME		19. STREET ADDRESS	
STREET ADDRESS		20. CITY-ST-ZIP	
CITY-ST-ZIP			

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lola B Mitchell 4-28-96 LOLA B MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date of Filing

CR2E034 (12/95)