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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060473 (2)

L & N ASSOCIATES, INC.

FILED Apr 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					- 1 10 10 10 10 10 10 10	BINK DANIO ANKI ADIN DIDIL IDDUK IKK 1900
1273 UNIVERSITY DRIVE 1273 UNIVERSITY DRIVE						
	NGS FL 33071	CORAL SPRINGS			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	IN THIS SPACE
					08/07/1995	
2. Principal Pla	ace of Business	2a. Mailing Addres	s		4, FEI Number	Applied For
ก		26			65-0606044	Not Applicat
Suite, Apt. #, etc			Suite, Apt. #, etc.			\$8.75 Additional
2		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
3]		28			Trust Fund Contribution	Added to Fees
¬ ^{Zip}	Country	Zφ	Coun	try	8. This corporation owes or has paid	
4	25	29	[30]		Personal Property Tax due June	
	9. Name and Address of Curre	nt Hegistereo Agent		Name	10. Name and Address of New Reg	Istered Agent
NIESSEN, MARY				Name		
1273 UNIVERSITY DRIVE			Ĩ	32 Street Add	ress (P.O. Box Number is Not Acceptabl	е)
CC	DRAL SPRINGS FL 33071		ļ.	33		
				73		
			Ţē	14 City		FL 85 Zip Code
44 Discount to	the exercises of Continue COZ OL	00	<u> </u>		the state of the s	
office or re	gistered agent, or both, in the State	e of Florida. Such change	was authorized	by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	t the appointment as registered
agent. I an	n familiar with, and accept the oblig	" / IS		tes.	/	00
SIGNATURE _	Nacy Vesse -		ESS EN		ired when reinstating)	178 MATE
12.		ND DIRECTORS	13.	Agent alghalore redu	ADDITIONS/CHANGES TO OFFIC	<u> </u>
TITLE	D (DELE		E	1	☐ Change ☐ Additi
NAME	NIESSEN, MARY		1.2 NAM	Œ Î		
STREET ADDRESS	1249 UNIVERSITY DRIVE D	1-4		EET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3307		i	r-ST-ZIP		
TITLE	D	☐ DELE	TE 2.1 TITL	E		Change Additi
NAME	LELAND, LESLIE		2.2 NAN	ie (
STREET ADDRESS	1249 UNIVERSITY DRIVE D	14	2.3 STR	EET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
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TITLE		DEC.	I '			L CHARGE L AUGILI
NAME CTOTET ADODESC			6.2 NAM	í		
STREET ADORESS				EET ADDRESS		
City-ST-ZIP	ertify that the information supplied	with this filing does not a		r-ST-ZIP	Section 119.07/3Vi) Florida Statutos 11	urther certify that the informatic
indicated o	on this annual report or supplement	tal annual report is true ar	nd accurate and	that my signatu	Section 119.07(3)(i), Florida Statutes. If are shall have the same legal effect as if	made under oath; that I am an
Officer or d Block 12 o	firector of the corporation or the rec ir Block 13 if changed, or on an atta	ceiver or trustee empower achment with an address.	ea to execute th	is report as req	quired by Chapter 607, Florida Statutes; a	ing that my name appears in