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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000071473 (9)

L & S PROMOTIONS, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 10802 PROVIDENCE OAKS DR. RIVERVIEW FL 23679-3:3569 Mailing Address 10802 PROVIDENCE OAKS DR. RIVERVIEW FL 33569-3645						-					
						3. Date Incorporal 09/14/1995	od or Qualified 3a. Date of Last Report 04/25/1996				
	ace of Business	2a. Mailing Address				4. FEI Number	•			oplied For]
21 4/0 5 HOWARD AVE 26 Suite, Apt. #, etc.						65-0615106 Not Applicat					1
22) **C** 27					5. Certificate of Status Desired Fee Requir				1		
City & State City & State						6. Election Campa	Election Campaign Financing \$5.00 May Be				1
23 TAMPA (=1. 28						Trust Fund Contribution Added to Fees					
Zip Country Zip 24 33606 25 14 115640 29 30				ntry		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes					
24 336	9. Name and Address of Current	29 Registered Agent	30		······································	10. Name and Add					1
WHI	TTLER, LARRY		· · · · ·	81	Name	······································	······				1
10802 PROVIDENCE OAKS DR. RIVERVIEW FL 89579- 3356 9					Street Addre	Address (P.O. Box Number is Not Acceptable)					
										Ì	
		•		83							
				84	City			FL	85 Zip	Code	1
11. Pursuani t	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the at	ove	-named corp	oration submits this si	atement for the p	urpose of	changing i	Is registered	┨
l office or re	egistered agent, or both, in the State i m familiar with, and accept the obliga	of Florida. Such change was	s authorized	l by	the corporati	ion's board of director	s. I hereby accer	it the app	ointment as	registered	
SIGNATURE											}
	Signature, typed or princed name of legistered agen			Agen	it signature require	ed when reinstating)	NOTO TO OFFIC	DATE	DIRECTOR	C IN 40	٦
12.	OFFICERS AND	DELETE	13.	>	T 6.	additions/cha recibent	NGES TO OFFIC		Change	Addition	96/6)
NAME	WHITTLER, LARRY		1.2 NA		5	TEPheny	White	TIE			4
STREET ADORESS	10802 PROVIDENCE OAKS DR		8		ADDRESS /	0802 P	roulde	nce	OAKI	0,	CR2E034
CITY-ST-2IP	RIVERVIEW FL 33579		1.4 01	Y-ST	ZIP R	Liver Viel					8
TITLE		☐ DELETE	2.1 Til	LE			, , , , , , , , , , , , , , , , , , , ,		Change	Addition .	Ü
NAME			2.2 NA	ME							l
STREET ADDRESS					address		4.1				
CITY-S1-7IP		Drutt	2 4 0		T-ZIP				Change	Addition	┨
TITLE] DELETE	3.1 TIT 3.2 NA						-1 Manye	L.J AGURON	
NAME STREET ADDRESS					ADDRESS .						
CITY-ST-ZiP			3.4. C		· · ·						
TITLE		DELETE	4.1 7)						Change	Addition	1
NAME			4. 2 N	AME							ŀ
STHEET ADDRESS			4.3 \$7	REET	address						ì
CITY - ST - 7IP			4.4 CI	ry-\$1	- ZiP						
TITLE		DELETE	5.1 Tr	LE					Change	Addition Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 S1	REET	ADDRESS						1
CITY - S1 - ZIP			5.4 CI		- 2)P				T I At .	A 100:	4
†JTLE		☐ DELETE	61 T/			•			☐ Change	Addition	
NAME			62 N/								
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP			6.4 CI	IY-51	- ZIP						4

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.

Whittler 42047 (813)259-9131