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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000078942 (6)

L & L TATE ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	~··					
RT 1 BOX 389		RT 1 BOX 389						
WESTVILE FL		WESTVILE FL 32464-9790						
				į	3. Date Incorporated or Qualified	3a. Date	of Last Re	port
					10/11/1995	03/22	2/1996	
n '	lace of Business	2a. Mailing Address			4. FEI Number		1	olied For
Suite, Apt	b sto	Suite, Apt. #, etc.			63-1156688			Applicable
Suite, Apt	#, ett:	27		İ	5. Certificate of Status Desired		\$8.75 Ad Fee Rec	
City & State	C	City & State			6. Election Campaign Financing		\$5.00 N	May Be
l		28	· • · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		Added to	Fees
- Z ф 1	Country	Zip	Country		8. This corporation has liability for			199.032,
<u></u>	25] 9. Name and Address of C	29	30		Florida Statutes 10. Name and Address of New Re	Yes 🔀 I		
		Triant Hedistalan Waant	81 Nar		10. Name and Address of New A	edisterati vin	Bill	
	E, LORITA L							
	1 BOX 389		82 Stre	et Addres	ss (P.O. Box Number is Not Accepta	ıble)		
WES	STVILE FL 32464		83			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			01.0				1 - 0	S1
			84 City	,		FL ľ	85 Zip C	ode
1. Pursuant (to the provisions of Sections 60:	7.0502 and 607.1508, Florida Statut	es, the above-nam	ed corpo	ration submits this statement for the	purpose of ch	nanging its	registered
office or n agent il ar	egistered acent, or both, in the midanilia with and accept the	State of Florida, Such change was a obligations of, Section 607,0505, Fire	authorized by the o orida Statutes.	corporatio	ration submits this statement for the n's board of directors. I hereby acce	opt the appoin	ilment as r	egisterea
	You all	1 A P				4-14-	97	
HEALTH REF						~ /		
IGNATURE	Standard Sted or printed name of regiver	red agent and title if applicable (NOT	E: Registered Agent sign	ature required	when reinstating)	DATE		
	<i></i>	S AND DIRECTORS	E. Registered Agent sign.	ature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DI		
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