

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090453 (8)**

1. Corporation Name
L & J RESORTS INC.



Principal Place of Business: **625 MARMORA TAMPA FL 33606**
Mailing Address: **625 MARMORA TAMPA FL 33606**

3. Date incorporated or Qualified: **11/27/1995**
3a. Date of Last Report
4. FEI Number: **59-3392988**
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

2. Principal Place of Business: **TAMPA FLA**
2a. Mailing Address: **625 MARMORA**
21. Suite, Apt. #, etc.
22. City & State
23. City & State: **TAMPA, FL**
24. Zip: **33606**
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State: **TAMPA, FL**
29. Zip: **33606**
30. Country

9. Name and Address of Current Registered Agent: **GRIMALDI, ANTHONY J 625 MARMORA TAMPA FL 33606**
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRIMALDI, ANTHONY J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MARMORA	1.2 NAME	
STREET ADDRESS	TAMPA FL 33606	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DIEZ, RAYMOND J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3404 W. CARACAS AVENUE	2.2 NAME	
STREET ADDRESS	TAMPA FL 33614	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DIEZ, LAURA J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3404 W. CARACAS AVENUE	3.2 NAME	
STREET ADDRESS	TAMPA FL 33614	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LAZZARA, JOSEPHINE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MARMORA	4.2 NAME	
STREET ADDRESS	TAMPA FL 33606	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 to this address.

SIGNATURE: **RAYMOND DIEZ** 7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date: Business Phone #)

CR2E034 (12/95)