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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090453 (8)

L & J RESORTS INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I FOULISM III INIO MAA OOIII WAAR	. Boile ieili beili bieti bi	AF IM IAU	
625 MARMORA 625 MARMORA TAMPA FL 33606					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
- Barana 6					11/27/1995			
· · · · · ·	lace of Business	2a. Mailing Address	nailing Address		4. FEI Number	Applied For		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3382988	 	ot Applicable	
22					5. Certificate of Status Desired	1 1 ' ' '	Additional equired	
City & State City & State					• Florian Comparing Figure		······································	
23		28		Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip	Coun	lry	8. This corporation owes or has paid			
24	25	29	30		Personal Property Tax due June 3		J No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GR	IMALDI, ANTHONY J		[8	1 Name		-		
625 MARMORA				82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33606				5,700,7,434	TOD (1.0. DOX TUITOS TO FOU FLOODERON	• ,		
			8	3				
			-	4 City		85 Zip	Code	
				1		FL		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling). DATE								
12.				Gent eignatura redui	ADDITIONS/CHANGES TO OFFICE		3S IN 12	
TITLE	PD	DELETE	13.		ADDITIONOJO PRINCED TO OTT IOL	Change	Addition	
NAME	GRIMALDI, ANTHONY J		1.2 NAM	E		_ ·		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606		1.4 CfTY	-ST-ZIP			ľ	
TITLE	VP .	DELETE	21 TITLI			☐ Change	Addition	
NAME	DIEZ, RAYMOND J		22 NAM	E			·	
STREET ADDRESS			23 STRE	ET ADDRESS				
CITY-ST-ZIP	TALES EL COLL		2 4 CITY	r-St-ZIP				
TITLE	SD	☐ DELETÉ	31 TITL			☐ Change	☐ Addition	
NAME	DIEZ, LAURA J		3.2 NAM	E				
STREET ADDRESS	3404 W. CARACAS AVENUE		3 3 STRE	ET AODRESS			}	
CITY - ST - ZIP	TAMPA FL 33614		3.4. CITY	-\$T-ZIP				
TITLE	Ι Τ	☐ DELETE	4:1 TITLE			Change	☐ Addition	
NAME	Lazzara, Jospehine		4. 2 NAN	IÉ				
STREET ADDRESS	625 MARMORA		4.3 STRE	ET ADDRESS		i e		
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5.1 TITUE			Change	Addition	
NAME			5.2 NAM	i				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE	I		☐ Change	Addition	
NAME			6.2 NAM	E			,	
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

r nereby 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.