

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093667 (0)

1. Corporation Name
L & L DESIGN CONSULTANTS, INC.

Principal Place of Business	Mailing Address
80 HARBOUR WAY BAL HARBOUR FL 33154	80 HARBOUR WAY BAL HARBOUR FL 33154-1363

3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number 65-0631516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GETTIS, LAWRENCE W 2601 SO. BAYSHORE DRIVE #1450 MIAMI FL 33133	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

FL 85 Zip Code _____

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. OFFICERS AND DIRECTORS			13.
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	MITTMAN, LEWIS		1.2 NAME
STREET ADDRESS	90 HARBOUR WAY		1.3 STREET ADDRESS
CITY - ST - ZIP	BAL HARBOUR FL 33154		1.4 CITY - ST - ZIP
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	GREENBERG, SIMA		2.2 NAME
STREET ADDRESS	251 DAISY FARM DRIVE		2.3 STREET ADDRESS
CITY - ST - ZIP	SCARSDALE NY 10583		2.4 CITY - ST - ZIP
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	MITTMAN, LILLIAN		3.2 NAME
STREET ADDRESS	90 HARBOUR WAY		3.3 STREET ADDRESS
CITY - ST - ZIP	BAL HARBOUR FL 33154		3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
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
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

[illegible]

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0208030

CR2E034 (9/96)