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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003264 (4)

1. Corporation Name

L & V FRANCHISE CORP.

Principal Place of Business

8405 BENJAMIN ROAD
SUITE A
TAMPA FL 33707

Mailing Address

6950 CENTRAL AVENUE, STE 180
ST PETERSBURG FL 33707

2. Principal Place of Business

21 8405 BENJAMIN RD

Suite, Apt. #, etc.

22 SUITE J

City & State

23 TAMPA FL

Zip

24 33634

Country

25 US

2a. Mailing Address

26 8405 BENJAMIN RD

Suite, Apt. #, etc.

27 SUITE J

City & State

28 TAMPA FL

Zip

29 33634

Country

30 US

g. Name and Address of Current Registered Agent

SAMSON, PAUL L
6950 CENTRAL AVENUE, STE 180
TAMPA FL 33602

81 Name

HANEY, R. REID

82 Street Address (P.O. Box Number is Not Acceptable)

101 E. KENNEDY BLVD

83

SUITE 4100

84 City

TAMPA

FL

85 Zip Code

33602

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

Paul L. Samson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPST

STREET ADDRESS SAMSON, PAUL L

CITY - ST - ZIP 8405 BENJAMIN ROAD, STE J

TAMPA FL 33634

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 in an attachment with an address

SIGNATURE:

Paul L. Samson

PAUL L. SAMSON

4/6/98

813-882-4336

CR2E034 (10/97)