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FILED
May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #
1. Corporation Name

LNL CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 11504 MOFFAT PL.

26 P.O. Box 292772

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

TAMPA, FLA.

TAMPA, FLA.

24 Zip

Country

29 Zip

Country

33617

USA

33617-2722

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENRICO G. GONZALEZ
11203 N. 56th ST. STE. F
TEMPLE TERRACE, FL
33617

81 Name

MARGARET G. LEGER

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

11504 MOFFAT PL.

83

84 City

TAMPA

FL

85 Zip Code

33617

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

MARGARET G. LEGER, President

May 22, 1997

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0
NAME MARGARET G. LEGER
STREET ADDRESS 11504 MOFFAT PL.
CITY-ST-ZIP TAMPA, FL 33617

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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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:

MARGARET G. LEGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-97

Date

(813)
918-8806

Daytime Phone #

CR2E034 (9/96)