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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

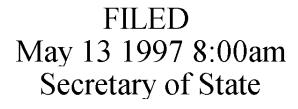
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035582 (1)

LARSON'S LOCOMOTIONS, INC.

Principal Place of Business
8726 NW 5TH PLACE
CORAL SPRINGS FL 33071

Mailing Address





CORAL SPRINGS FL 33071					CORAL SPRINGS FL 33071											
									-	-	Date Incorporated or Qu	atified	3a. Date	of Last f	łeport	7
	Principal Place of Business				2a. Mailing Address						FEI Number		J	TA	pplied For	┨
21					26						65-0663	3512		<u> </u>	ot Applicable	,1
Suite, Apt.	Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired See Required Fee Required						
I LIIVA SIAIG					City & State						Tootion Commoles Cine					-
23	3				28						Election Campaign Finar Frust Fund Contribution	icing			May Be to Fees	
	Country				Zφ	untry					ility for it	or intangible tax under s. 199.032,				
24	<u></u>	5		29					Florida Statutes KK Yes No							
	Address of Current	stered Agent		ļ.,		1	10.	Name and Address of	New Reg	gistered Ag	ent					
	ison, Kath'						81	Name								
8726 NW 5TH PLAE							82	Street	Address	(P.0	O. Box Number is Not A	cceptab	le)			+
COL	ral <mark>sprin</mark> g	S Fl	. 33071				83					····	·····			$\frac{1}{2}$
							84	City					- FL I	- 1	Code	
11. Pursuant office or	to the provision	ns o	f Sections 607.0502	and 6	607.1508, Florida Statut	es, the a	above	-named	corpora	tion	submits this statement to bard of directors. I hereb	or the p	urpose of cl	nanging i	ts registered	7
agent. I a	m familiar with	ı, an	d accept the obliga	tions c	of, Section 607.0505, Fi	orida Sta	dules	3.	poration	\$ 500	ard or directors, Theree	y accep	и ине арроп	iuneni as	regisiored	
SIGNATURE	Signature typed o	c peint	ad name of registered agen	l and little	a ff applicable. JNO3	6 : Danielare		nt night towards	required w				DATE			
12.	orgination, types o		OFFICERS AND			13.	au Age	ili sigriature	. гединео w		ODITIONS/CHANGES TO	OCEIC		IDECTO	20 IN 10	1
TITLE					DELE1E	1.1.1	IILE		P		DDITIONO/OFIANOLO TO	20110		Change	XXAddition	- 3
NAME						1.2 N	IAME		KATH	İΥ	LARSON				24.71	7
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CITY-ST-ZIP						1.4 0	HTY-S	1 - <i>7</i> 1P	CORA	\L	SPRINGS, F	L :	33071			5
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NAME						2.2 N					KARSON					
STREET ADDRESS						2.3 S	TREET				N.W. 5 PLAC					ı
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NAME						3.2 N										ľ
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NAME						4.21			•				.	1 Origings	Audition	ĺ
STREET ADDRESS								address								
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NAME					·	5.2 N									board - House, Olly	
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NAME						6.2 N	AME							-	•	
STREET ADDRESS						6.3 8	TREET	ADDRESS								
CITY-ST-ZIP	<u> </u>					6.4 C	ITY-ST	- ZIP								

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 eath; 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 attact) nont with an address.