



FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 09 1997 8:00am Secretary of State	
DOCUMENT # P96000053157 (9) 1. Corporation Name L R PROPERTIES, INC.							
Principal Place of Business 1802 ORIENT ROAD TAMPA FL 33619		Mailing Address 1802 ORIENT ROAD TAMPA FL 33619-3354		3. Date Incorporated or Qualified 06/17/1996		3a. Date of Last Report	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 59-3388505		Applied For Not Applicable	
9. Name and Address of Current Registered Agent FULLER, JEFFERY M 100 NORTH TAMPA STREET #2850 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP			
2.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP			
3.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP			
4.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP			
5.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP			
6.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP			
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: _____ 4/3/97 813-621-3966 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____							