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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091583 (0)

LOVELL PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



1496 W 84TH STREET HIALEAH FL 33014		1498 W 84TH STREET HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
A Oringinal C	lace of Business	2a. Mailing Address			11/07/1996 4. FEL Number Applied For
-	lace of business	— ·	H-1		
21 Suite Ant	# 010	26 Cuito Ant # ata			A LILE OIL
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	v	8. This corporation owes or has paid the current year Intangible
24	25	⊢ ¬ '	30	,	Personal Property Tax due June 30. Yes No
	g. Name and Address of Currer				10. Name and Address of New Registered Agent
MORGAN, CHARLES O JR.				Name	
	OO N.W. 167TH STREET		_		100 B 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AMI FL 33169		82 Street Addr		Address (P.O. Box Number is Not Acceptable)
1444	Ann 1 E 00103		83	3	
			84	City	FI 85 Zip Code
11 Presuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statute	s the abov	/e-named	
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 age	ent and title if applicable. (NOTE	Registered Ag	ent signature	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TETLE		Change Addition
NAME	LOVELL, RAY O		1,2 NAME		
STREET ADDRESS	1498 WEST 84TH STREET		1,3 STREE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-	ST-ZIP	
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	WHITE, VALERIE L		2.2 NAME		
STREET ADDRESS	1498 WEST 84TH STREET		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015		2. 4 CITY	ST-ZIP	
TITLE	DAT	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSE ANN LOVELL		3.2 NAME		
STREET AODRESS	1498 WEST 84th ST	REET	3.3 STREE	T ADDRESS	ļ
CITY-ST-ZIP	HIALEAH, FL. 33014	4	3.4. CITY-		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY - ST - ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY - ST - ZIP			5.4 CITY	}	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
	artiful that the information supplied wi	th this files does not qualify for			d in Section 119 07(3Vi). Florida Statutes, I further certify that the information

4. 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 officeration or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or the an attachment with an address.

SIGNATURE:

- - ROSE ANN LOVELL, DAT

1/6/98

305 821-1331