


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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90093 030 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000091583**

1. Corporation Name  
**LOVELL PROPERTIES, INC.**



Principal Place of Business <b>1498 W 84TH STREET HIALEAH FL 33014</b>	Mailing Address <b>1498 W 84TH STREET HIALEAH FL 33014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 16021 Aberdeen Way</b>		2a. Mailing Address <b>26 16021 Aberdeen Way</b>		3. Date Incorporated or Qualified <b>11/07/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0726865</b>	
City & State <b>23 Miami Lakes FL</b>		City & State <b>28 Miami Lakes FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33014</b>		Zip <b>29 33014</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORGAN, CHARLES O JR.  
1300 N.W. 167TH STREET  
MIAMI FL 33169**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b> Suite 3
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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 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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVELL, RAY O	1.2 NAME	LOVELL, RUTH A
STREET ADDRESS	1498 WEST 84TH STREET	1.3 STREET ADDRESS	16021 ABERDEEN WAY
CITY-ST-ZIP	HIALEAH FL 33015	1.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, VALERIE L	2.2 NAME	LOVELL, VALERIE
STREET ADDRESS	1498 WEST 84TH STREET	2.3 STREET ADDRESS	8262- NW 164 STREET
CITY-ST-ZIP	HIALEAH FL 33015	2.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE	DAT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVELL, ROSE A	3.2 NAME	O'BRIEN, RICHARD
STREET ADDRESS	1498 W 84TH ST	3.3 STREET ADDRESS	721 SETON ROAD
CITY-ST-ZIP	HIALEAH FL 33014	3.4 CITY-ST-ZIP	COLUMBIA SC 29212
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ruth Lovell*

1-11-99

305-821-6021

CR2E034 (1/98)