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Feb 21 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 # P96000098099 (0)

1. Corporation Name  
L & R ENTERPRISES, INC.



Principal Place of Business  
4635 PANORAMA AVENUE  
HOLIDAY FL 34690

Mailing Address  
4635 PANORAMA AVENUE  
HOLIDAY FL 34690-5708

3. Date Incorporated or Qualified  
12/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENDE, MICHAEL  
4635 PANORAMA AVENUE  
HOLIDAY FL 34690

81 Name  
MICHAEL W. RENDE

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

83

84 City  
BELLEAIRE

FL

85 Zip Code  
34616

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 P  
NAME ROBERT W. LUETH  
STREET ADDRESS 4635 PANORAMA AVE.  
CITY-ST-ZIP HOLIDAY, FL 34690

1.1 TITLE P  
1.2 NAME ROBERT W. LUETH  
1.3 STREET ADDRESS 4635 PANORAMA AVE.  
1.4 CITY-ST-ZIP HOLIDAY, FL 34690

TITLE V  
NAME MICHAEL W. RENDE  
STREET ADDRESS 401 FAIRVIEW RD.  
CITY-ST-ZIP BELLEAIRE, FL 34616

2.1 TITLE V  
2.2 NAME MICHAEL W. RENDE  
2.3 STREET ADDRESS 401 FAIRVIEW RD.  
2.4 CITY-ST-ZIP BELLEAIRE, FL 34616

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Robert W. Lueth

Feb 14, 1997 (813) 937-4882

CR2E034 (9/96)