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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098594 (0)

LUNDBERG ENTERPRISES, INC.

FILED

98 OCT 27 PM 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					
872 WEST TROPICAL WAY 872 WEST TROPICAL WAY					
PLANTATION FL 33317 PLANT		PLANTATION FL 33317	LANTATION FL 33317		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
İ					01/01/1997
2. Principal Place of Business 2a. Ma		2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21			26		65-07/682496/
Suite, Apt. #, etc.			Suite, Apt. #, etc.		\$9.75 Additional
22		⊢	27		5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
-		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
· ·	9. Name and Address of Curre				10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED			81	Name	t
343 ALMERIA AVENUE			82	Ctroot Addr	and (B.O. Boy Number is Not Assentable)
CORAL GABLES FL 33134				Street Addr	ess (P.O. Box Number is Not Acceptable)
			83		
			84	City	FL 85 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					
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE. ID DIRECTORS	Registered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	LUNDBERG, PETER E		1.2 NAME		
STREET ADDRESS	872 WEST TROPICAL WAY		1.3 STREET ADDRESS		
	PLANTATION FL 33317				
CITY-ST-ZIP TITLE	1 DANIAHON 1 E 00011	DELETE	1.4 CITY-ST 2.1 TITLE	I - ZIP	Change Addition
NAME		CT DELLIC			
			2.2 NAME		500002676965—-8 -10/30/3801076008
STREET ADDRESS			2.3 STREET		
CITY &ST - ZIP		DELETE	2. 4 CITY - S	T-ZIP	****550,00 ****550.00
TITLE '	1 DELETE		3.1 TITLE		Change L Addition
NAME			3.2 NAME		
STATET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP 4.1 TITLE		Change I Addition
-	_ =====================================		4.1 H LE		☐ Change ☐ Addition
NAME					
STREET ADDRESS		E DEELE	4. 2 NAME		
			4. 2 NAME 4.3 STREET	•	
CITY-ST-ZIP			4. 2 NAME 4.3 STREET 4.4 CITY-ST	•	
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	•	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	- ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	- ZIP ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET. 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET. 5.4 CITY-ST	- ZIP ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4. 2 NAME 4.3 STREET. 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET. 5.4 CITY-S1 6.1 TITLE	- ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET. 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET. 5.4 CITY-S1 6.1 TITLE	ADDRESS	

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.

SIGNATURE:

LET UR Sualle le

9/10/98 (954)452-8301

JEZEU34 (10/9)