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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

2. Principal Place of Business

DOCUMENT # P96000099840 (6)

L & L REALTY OF TAMPA, INC.

Principal Place of Business Mailing Address 6940 LIONS HEAD LANE 6940 LIONS HEAD LANE **BOCA RATON FL 33496 BOCA RATON FL 33496**

2a. Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 12/11/1996

4. FEI Number

21			26	-					65-0714799	N	ot Applicable	
Suite 22	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired	
City & State			Cit	City & State					Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24		Country Zip 25 29 30				Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent			
LEEDS, LEONARD							81 Name					
6940 LIONS HEAD LANE						82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33496							83					
							City		· · · · · · · · · · · · · · · · · · ·	85 Zip	Code	
									FI	_		
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.												
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNAT	SIGNATURE Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
10	Signature, typed	OFFICERS AN				d Agen	t signature req	ulred		D DIRECTOR	20 10 10	
TITLE		OFFICERS AIV	טואבטוט	DELETE	13.	ri C			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME	1	MICHAEL			1.2 N/					TT Outride		
	TADORESS 1733 WEST FLETCHER AVENUE						ADDRESS					
CITY-ST-Z	TAMPA EL 22012						- ZIP				1	
TITLE	,, D			DELETE	2,1 TI	. —	- ZIF			Change	Addition	
NAME	LEEDS.	LEONARD			2.2 N						_ '	
STREET AD	1885 6940 LI	ONS HEAD LANE					LODRESS				ĺ	
CITY-ST-Z	E VOCE	RATON FL 33496				ITY-ST					į	
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NAME					3.2 N/	ME						
STREET AD	ORESS				3,3 \$3	REET A	DORESS					
CITY-ST-Z	IP				3.4. C	ITY-ST	- ZIP				ļ	
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CITY-ST-Z	IP				4,4 CI	TY-ST	- ZIP					
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NAME	ļ				5.2 NA	ME					1	
STREET ADI	PRESS				5.3 ST	REET A	DDRESS					
CITY-SI-Z	P				5,4 CI	TY-ST-	ZIP					
TITLE				□ DELETE	6.1 TI	LE				Change	Addition	
NAME	}				6.2 NA	ME						
STREET ADI	DRESS				6,3 ST	reet a	DORESS					
CITY-ST-Z	Ρ]				6.4 CI	Y-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 of 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												