

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008657 (3)
 1. Corporation Name
L.P.F., INC.



Principal Place of Business 1210 S.E. 1ST STREET BOYNTON BEACH FL 33435	Mailing Address 1210 S.E. 1ST STREET BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <i>1002 S.W. 24 Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State <i>Boynton Beach, FL</i>
23 Zip	28 Zip <i>33426</i>
25 Country	29 Country <i>Palm Beach</i>

3. Date Incorporated or Qualified 01/29/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KENNETH M. KALEEL, P.A.
555 NORTH CONGRESS AVENUE
SUITE 301
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name <i>Tina M Aaron</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>1002 S.W. 24 Avenue</i>
83
84 City <i>Boynton Beach</i> FL 85 Zip Code <i>33426</i>

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 *Tina M Aaron Pres* (NOTE: Registered Agent signature required when restating) DATE *3/01/98*

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	AARON, TINA M	
STREET ADDRESS	1002 S.W. 24TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	AARON, KENNETH J	
STREET ADDRESS	1210 S.E. 1ST STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>1002 SW 24 AVENUE</i>
2.4 CITY-ST-ZIP	<i>BOYNTON BEACH, FL 33426</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE *Tina M Aaron Pres* DATE *3/1/98* *561-737-8808*

CR2E034 (10/97)