## 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 # LGGL, INC.

P97000107333 (1)

## **FILED** May 04 1998 8:00am Secretary of State



1474 April 1998 (407)4258136

Principal Place of Business	Mailing Address		( CODE OF THE CONTRACT OF THE SOURCE STATE OF THE COURT STATE OF THE SOURCE STATE STATE OF THE SOURCE STATE STAT	
1194 WESTSIDE DRIVE 1194 WESTSIDE DRIVE WINTER GARDEN FL 34787				
		787	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			12/22/1997	
2. Principal Place of Business	2a. Mailing Address			pplied For
21	26		x 59-3482286	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		I & L'ARTICATA DI STATUS LIASURADI I I I	Additional
22	27		Fee F	lequired
LIVASIA	City & State			May Be
23	28	· · · · · · · · · · · · · · · · · · ·		to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year In	_ `
25 g. Name and Address of Curren	[29]	30	Personal Property Tax due June 30. Yes	∐ No
GREMONPREZ, LORI A	. riegienieo rigoni	81 Name	10, mante and manages of their registers of April	
1194 WESTSIDE DRIVE				
WINTER GARDEN FL 34787		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WHIEN GANDEN PL 99/0/		83		
		<b>84</b> City	FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502	2 and 607 1508 Florida Statut	les the above-named cor	rporation 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 corpora	ation's board of directors. I hereby accept the appointment a	s registered
	itions of, Section 607.0505, Fi	orida Statutes.		
SIGNATURE Signature typed or printed name of registered agor	of and title if applicable (NO)	E Registered Agent signature regu	ulrad when (einstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE D	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME GREMONPREZ, LORI A		1.2 NAME		
STREET ADDRESS 1194 WESTSIDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP WINTER GARDEN FL 34787		1.4 CITY-ST-ZIP		
TITLE D	DELETE	21 TITLE	☐ Change	Addition
NAME GREMONPREZ, DONNA		2.2 NAME		
STREET ADDRESS 1461 BLACKWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP WINTER GARDEN FL 34787		2. 4 CITY+ST-ZIP		
TIFLE D	☐ DELETE	3.1 TITLE	☐ Change	Addition
NUME LONGBOTHAM GEOR		3. NAME		
STREET ADDRESS 1194 WESTEIDE DAI	v£	3 STREET ADDRESS		-
CITY-ST-ZIP WINTER GARDEN F		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		1 2 2 2 2 2
	T 1 00, 222		☐ Change	Addition
TITLE	DELETE	5.1 TITLE		
TITLE NAME	DELETE	52 NAME		
TITLE NAME STREET ADDRESS	DELETE	5.2 NAME 5.3 STREET ADDRESS	Unangu	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP		g dates _
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME		52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 61 TITLE 62 NAME		Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	[_] DELETE	52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with indicated on this annual report or supplierrental	DELETE  The this filing does not qualify for annual report is true and acc	52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 6.4 CITY-ST-ZIP or the exemption stated in the contract of the co		e Information nat I am an