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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

**1999**DOCUMENT # P97000108393

1. Corporation Name

LORD ENTERPRIZES, INC

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90152 023 \*\*\*\*\*8.75 04-14-1999 90152 024 \*\*\*150.00

}									
Principal Plac	e of Business	Ma	ailing Address						
1314	PINE RIDGE CIRCL	Ε	1314 PINE R	IDGE	CIRCL	=			
SANFO	PINE RIDGE CIRCL ORD, FLORIDA 3277	3	SANFORD, FL	ŌŘĬſ	A 3277	DO NOT WRI	ITE IN THIS	SPACE	
071161	ond, igoniba se,		0,,,,,	• •	2	3. Date Incorporated or Qualifed			
						1/1/98			
2 Principal P	lace of Business	2a.	Mailing Address			4. FEI Number			Applied For
21	add of Sasmood	26				59 3493371			Not Applicable
Suite, Apt.	#, etc.	+==-	Suite, Apt. #, etc.				XX	\$8.75	Additional
22		27				5. Certificate of Status Desired	<u>~</u> ~	Fee	Required
City & State City & State			City & State	*		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
23		28		<u></u>		Trust Fund Contribution		Adde	d to Fees ~
Zip	Country	$\vdash$	Zip	Count	ту	8. This corporation owes the curr	rent year In		CI.
24	25	29	30	<u> </u>		Personal Property Tax.	Danlata and	Yes	X No
	9. Name and Address of Current	Regis	tered Agent		1 Name	10. Name and Address of New l	Registered	Agent	
1 T A	IDA MODCAN				Name				
LINDA MORGAN			ı F		2 Street Addre	ddress (P.O. Box Number is Not Acceptable)			
SAN	4 PINE RIDGE CIR( IFORD, FL 32773	, L L		8	3			·	
}				8	4 City			85 Zi	p Code
					1		FL	-	_
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 60	07.1508, Florida Statutes,	the abo	ve-named corporation	pration submits this statement for the	purpose of	changing	its registered
oπice or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	ons of,	Section 607.0505, Florida	Statute	es.			minom as	109,510.00
SIGNATURE						3/24/			
Olon Milone	Signature, typed or printed name of registered agent				ent signature required		DATE		TODO IN 42
12	OFFICERS AND	DIRE		13.		ADDITIONS/CHANGES TO OF	FICERS A	☐ Chang	
TITLE	PST		☐ DELETE	1.1 1111.8					
NAME	LINDA MORGAN		32773	1.2 NAMI	<b>I</b>				
STREET ADDRESS	1314 PINE RIDGE	٠.			ET ADDRESS				
CITY-ST-ZIP	1314 FINE KIDO	<u></u>	DEFEE DEFE	2.1 TITLE			<del></del>	☐ Chang	e Addition
TITLE			□ pt=Fire	2.2 NAMI					
NAME					ET ADDRESS				
STREET ADDRESS				2.4 CITY	J				
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE				Chang	e Addition
NAME		=-		3.2 NAME		لعائد المستعدد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد وال	<u> </u>	ب در قص	
NAMI: STREET ADDRESS	}		1		ET ADDRESS				
CITY-ST-ZIP				3.4. CITY	}				
TITLE			☐ DELETE	4.1 TITLE				Chang	e Addition
NAME				4. 2 NAM					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				4.4 CITY	1				
TITLE			☐ DELETE	5.1 TITLE				☐ Chang	e Addition
NAME				5.2 NAM					
STREET ADDRESS	}		,	5.3 STRE	ET ADDRESS				
CITY-ST-ZIP ^				5.4 CITY	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE			aJ.	Chang	e Addition
NAME				6.2 NAMI	:				
STREET ADDRESS				6.3 STRE	ET ADDRESS				
CITY ST ZIE				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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/24/99

407/323-5188

Daytime Phone #