

07221999-90007-046-\$550.00-\$550.00

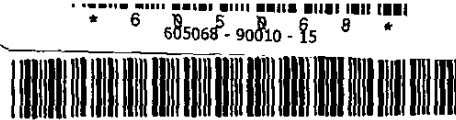
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

199.

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90007 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000078365					
1. Corporation Name LONG AND MESSINA ENTERPRISES, INC.					
Principal Place of Business 1815 EDWIN BLVD WINTER PARK FL 32789			Mailing Address 1815 EDWIN BLVD WINTER PARK FL 32789		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2155 Aloma Ave Suite, Apt. #, etc.			2a. Mailing Address 28 2155 Aloma Ave Suite, Apt. #, etc.		
22 City & State 23 Winter Park FL			27 City & State 28 Winter Park FL		
24 Zip 32792			29 Zip 32792		
25 Country USA			30 Country USA		
9. Name and Address of Current Registered Agent MESSINA, DENISE A 1815 EDWIN BLVD WINTER PARK FL 32789			10. Name and Address of New Registered Agent 81 Name Denise A Messina 82 Street Address (P.O. Box Number is Not Acceptable) 2029 Oakhurst Ave 83 84 City Winter Park FL		
11. Pursuant to the provisions of sections 607.0602 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 607.0509, Florida Statutes. SIGNATURE <u>Denise A. Messina</u> DATE <u>7/16/99</u>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President					
1.2 NAME Devin B. Long					
1.3 STREET ADDRESS 2029 Oakhurst Ave					
1.4 CITY-ST-ZIP Winter Park FL 32792					
2.1 TITLE Secretary					
2.2 NAME Denise A. Messina					
2.3 STREET ADDRESS 2029 Oakhurst Ave					
2.4 CITY-ST-ZIP Winter Park FL 32792					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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 on an attachment with an address.					
SIGNATURE: <u>Denise A. Messina</u> DATE <u>7/16/99</u>					



CR2E034 (5/99)