

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90197 030 \*\*\*163.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000080485**

1. Corporation Name  
**LMLL ENTERPRISES, INC.**

Principal Place of Business 6624 GATEWAY AVENUE SARASOTA FL 34231	Mailing Address 6624 GATEWAY AVENUE SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>717 NE 36<sup>th</sup> Ave</b> Suite, Apt. #, etc. 22 <b>Ocala Fl 34490</b> City & State 23 <b>34470 Marion</b> Zip Country 24 <b>25</b>	2a. Mailing Address 26 <b>717 NE 36<sup>th</sup> Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala Fl</b> Zip Country 29 <b>34470</b> 30 <b>Marion</b>
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3. Date Incorporated or Qualified  
**09/17/1998**

4. FEI Number <b>65-0863818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> A	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> A	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEWIS, KURT F**  
 6624 GATEWAY AVENUE  
 SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name <b>LISA Marie Leitch</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>341 NE 50<sup>th</sup> Ct</b>
83
84 City <b>Ocala</b> FL 85 Zip Code <b>34490</b>

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 *Lisa Marie Leitch* **LISA Marie Leitch President** DATE **4-15-99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>President/Secretary</b>
STREET ADDRESS	<b>LISA Marie Leitch</b>
CITY-ST-ZIP	<b>341 NE 50<sup>th</sup> Ct</b>
	<b>Ocala, Fl 34470</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Marie Leitch* **LISA Marie Leitch** DATE **4-15-99** Daytime Phone # **352-694-7433**

Signature and typed or printed name of signing officer or director. Date

CR2E034 (11/98)