## 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 #

(2)

LORENZ ENTERPRISES, INC.

## **FILED** Mar 19 1998 8:00am Secretary of State



Solito, Apt. #, etc.    Solito, Apt. #, etc.									
ORLANDO FL 32835-8215 US  ORLANDO FL 32835-8	Principal Plac	ce of Business	Mailing Add	dross			1 (00)(0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0) 0	191 81811 81811 81911 <b>81811 8</b>	1814 <b>61811 183</b> 1
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Suito, Apt. #, cit.   2a.   Suito, Apt. #, cit.   5. Suito, Apt. #, cit.   5. Certificate of Status Desired   5. Certificate   5. Certificate of Status Desired   5. Certificate   5. Certif	ORLANDO FL 32835-8215 ORLANDO FL 3						DO NOT WRITE	E IN THIS SPACE	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applied For							3. Date incorporated or Qualified		
Sulfo, Apt. #, cic   28   Sinte, Apt. #, cic   27   City & State   Sinte, Apt. #, cic   27   City & State   Sinte, Apt. #, cic   27   City & State   Sinte, Apt. #, cic   28   City & State   Sinte, Apt. #, cic   28   City & State   Sinte, Country   Sinte, Contribution   Added to Fees Required   28   Trust Fund Contribution   Added to Fees Added to Fees   Added to							05/17/1991		
Since April #, etc 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<b>├</b>	Place of Business	2a. Mailing	Address				1	pplied For
City & State  20 City & State  21 City & State  22 City & State  23 City & State  25 City & State  26 City & State  27 City & State  28 City & State  29 City & State  29 City & State  29 City & State  29 Signature  40 City & State  29 Signature  40 City & State		A st.					59-3069748		ot Applicable
29   20   20   20   20   20   30   30   30	22		27			·····	5. Certificate of Status Desired	1 1 7	
28	23		28	tate	· · <u>.</u> · · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added Added	to Fees
9. Name and Address of Current Registered Agent  LOVENS, RAYMOND O. 8130 VINELAND OAKS BLVD  ORLANDO FL 32835  82 Street Address (P.O. Box Number is Not Acceptable)  83 VINELAND OAKS BLVD  ORLANDO FL 32835  84 City Overall Colors (P.O. Box Number is Not Acceptable)  85 Jo Vine Land Oct Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids Statutes, the above an authorized by the corporation board of directors. I hereby accept the appointment as registered agent at the object of the production 607 6565, Florida Statutes  SIGNATURE  SIGNATUR		· · · · · ·							
LOVENS, RAYMOND O. 8130 VINELAND OAKS BLVD ORLANDO FL 32835  82 Street Agdress (P.O. Box Number is Not Acceptable) 83 Street Agdress (P.O. Box Number is Not Acceptable) 84 City Ovind o FL 85 Zip Code 85 Jo Vine Len 2 OE 8 Jov.  11. Pursuant to the provisions of Sections 607 05:02 and 607, 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere of signal transforms with and accept the obligations of Sections of Sections of Sections of Statutes.  SIGNATURE  12. OF LICLES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  14. CITY ST. 2P  ORLANDO FL  15. ITITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITITLE  15. ADD	24			ent [3	301				LJ NO
8130 VINELAND OAKS BLVD ORLANDO FL 32835  82 Street_Address (P.O. Box Number is Not Acceptable) 83 Vine Len & Opt S	1.0				81	Name i			
ORLANDO FL 32835    Ba					-	20	DRELIZ KAGHON	$\omega$ $\omega$ .	
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11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agont. or both, in the State of North Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont. I am largery with, and accept the obligations of, Section 607 05.05, Florida Statutes.  SIGNATURE  Signature Aniestic product requested appointment as registered agont a requested when released appointment as registered agont a requested when released a registered agont 2 per great and released when released when released when released released when released wh					63				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u>[</u>	_] DELETE	5 4 CITY-S 6 1 TITLE 6.2 NAME 6.3 STREET	ADORESS		Change .	☐ Addition

Indeedy carry that the information supplied with this bring does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes: I further certify that the information indicated on this annual report or supplied much 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.

407/917-9163