


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V14741** (5)
1. Corporation Name
L.D.J., INC.



Principal Place of Business 47 SW FLAGLER AVE STUART FL 34952 US	Mailing Address 47 SW FLAGLER AVE STUART FL 34994 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1073 S.W. TIBURON WAY Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/17/1992	
22 City & State 23 PALM CITY, FLORIDA		27 City & State		4. FEI Number 65-0314703 Applied For Not Applicable	
24 Zip 34990-3869		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 34990-3869		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 34990-3869		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOYD, DONALD E. 47 SW. FLAGLER AVE. STUART FL 34994				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 1073 S.W. TIBURON WAY			
				83			
				84 City PALM CITY			
				85 Zip Code FL 34990			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP	LOYD, DONALD E.		1.1 TITLE			
NAME	DP	LOYD, DONALD E.		1.2 NAME			
STREET ADDRESS	2602 SE GRAND DR.	PORT ST. LUCIE FL		1.3 STREET ADDRESS	1073 S.W. TIBURON WAY		
CITY-ST-ZIP	PORT ST. LUCIE FL			1.4 CITY-ST-ZIP	PALM CITY, FLORIDA 34990-3869		
TITLE	DV	LOYD, JULIE A.		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DV	LOYD, JULIE A.		2.2 NAME			
STREET ADDRESS	2602 SE GRAND DR.	PORT ST. LUCIE FL		2.3 STREET ADDRESS	1073 S.W. TIBURON WAY		
CITY-ST-ZIP	PORT ST. LUCIE FL			2.4 CITY-ST-ZIP	PALM CITY, FLORIDA 34990-3869		
TITLE	ST	LOYD, JULIE A.		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ST	LOYD, JULIE A.		3.2 NAME			
STREET ADDRESS	2602 SE GRAND DR.	PORT ST. LUCIE FL		3.3 STREET ADDRESS	1073 S.W. TIBURON WAY		
CITY-ST-ZIP	PORT ST. LUCIE FL			3.4 CITY-ST-ZIP	PALM CITY, FLORIDA 34990-3869		
TITLE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Julie Lloyd* *Julie Lloyd* 3/2/98 510-291-5922

CR2E034 (10/97)