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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24264

(6)

Mailing Address

L. N. J. ENTERPRISES, INC.

## FILED Apr 23 1998 8:00am Secretary of State



|                          |   | 4954 SW B2ND AVE<br>COOPER CITY FL 33328                       |                        | DO NOT WRITE IN THIS | SPACE  |                |                |
|--------------------------|---|--|------------------------|----------------------|--|----------------|----------------|
|                          |   |  |                        |                      | 3. Date Incorporated or Qualified 03/27/1992   |                |                |
|                          | lace of Business  | 2a. Mailing Address  |                        |                      | 4. FEI Number Applied F  |                | pplied For     |
| Suite, Apt #, etc        |   | Suite, Apl. #, etc.  |                        | ¢9.75aa              |  | lot Applicable |                |
| 22                       |   | 27   |                        |                      | 5. Certificate of Status Desired Fee Required  |                |                |
| City & State             |   | City & State   |                        |                      | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |                |                |
| Zip                      |   |  | Country                |                      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  |                |                |
| 24                       | 25<br>9. Name and Address of Cui                          | rent Registered Agent  | _                      |                      | 10. Name and Address of New Registered Agent   |                |                |
| ,IEN                     | ININGS, LARRY   |  | 81                     | Name                 |  | (180111        |                |
| 495                      | 4 SW 92ND AVE   |  | 82                     | Street Ade           | dress (P.O. Box Number is Not Acceptable)  |                | <del></del>    |
|                          | OPER CITY FL 33328  |  | 83                     |                      | aress (F.O. DOX HUMBER IS NOT ACCEPTABLE)  |                |                |
| İ                        |   |  | 84                     | Cata                 |  | let 2          | Cade           |
|                          |   |  | 84                     | City                 | Fi   | <b>85</b> Z₁p  | Code           |
| 11. Pursuant to          | to the provisions of Sections 607.                        | 0502 and 607.1508, Florida Statesty of Florida Such chapter wa | tutes, the above       | -named cor           | poration submits this statement for the purpose ation's board of directors. I hereby accept the ap   | of changing    | its registered |
| agent Lar                | n familiar with, and accept the of                        | oligations of Section 607.0505.                                | Fiorida Statutes       | ine corpora          | such a board of directors. Thereby accept the ap-  | pompour as     | s registered   |
| SIGNATURE                | •   |  |                        |                      |  |                |                |
| 12.                      | Signature Typed or printed name of registeric<br>OFFECERS | AND DIRECTORS  | 13.                    | nt eignature requ    | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTO     | RS IN 12       |
| TITLE                    | PTD   | DILETE   | 1.1 TITLE              |                      | ASSETTION OF THE PARTY OF THE P | Change         |                |
| NAME                     | JENNINGS, LARRY   |  | 1.2 NAME               |                      |  |                |                |
| STREET ADDRESS           | 4854 SW 92ND AVE  |  | 1.3 STREET             | ADDRESS              |  |                |                |
| CITY-ST-ZIP              | COOPER CITY FL  |  | 1.4 CITY - \$1         | r - ZIP              |  |                |                |
| TITLE                    |   | ☐ DELETE   | 2 1 TITLE              |                      |  | ☐ Change       | Addition       |
| NAME                     |   |  | 2.2 NAME               |                      |  |                |                |
| STREET ADDRESS           |   |  | 2 3 STHEET             | 1                    |  |                |                |
| CITY - ST - ZIP<br>TITLE |   | DELETE   | 2 4 CITY-S             | T-7/P                |  | Change         | Addition       |
|                          |   | □ otten  | 3.1 THILE              |                      |  | Griange        | L.J. Addition  |
| NAME<br>STREET ADDRESS   |   |  | 3.2 NAME<br>3.3 STREET | ADMIDECC             |  |                |                |
| CITY-ST-7iP              |   |  | 3.4. CHY-S             |                      |  |                |                |
| TITLE                    |   | □ DECETE   | 41 TITLE               | 1-214                |  | Change         | Addition       |
| NAME                     |   | _  | 4. 2 NAME              |                      |  |                |                |
| STREET ADDRESS           |   |  | 4.3 STREET             | AODRESS              |  |                |                |
| CITY - S1 - 7IP          |   |  | 4 4 CITY - \$1         |                      |  |                |                |
| TITLE                    |   | DELETE   | 5 1 TITLE              |                      |  | Change         | Addition       |
| NAME                     |   |  | 5.2 NAME               |                      |  |                |                |
| STREET ADDRESS           |   |  | 53 STREET              | ADDRESS              |  |                |                |
| CITY - ST - ZIP          |   |  | 5.4 CITY - ST          | r-ZIP                |  |                |                |
| TITLE                    |   | DELETE   | 6111111                |                      |  | Change         | Addition       |
| NAME                     |   |  | 6.2 NAME               |                      |  |                |                |
|                          |   |  | CORTOTEL               | 4000000              |  |                |                |
| STREET ADDRESS           |   |  | 63 STREET              | wributes             |  |                |                |

14. Thereby certify that the information supplied with this hilling does not quarry for the exomption stated in Section 119 07(3)(i), Florida Statutes 1 further certify that the information indicated on this annual report or suppliemental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, even an attachment with an address.

SIGNATURE:

16 april 1998 (954)525-733,