

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V42081**

(2)

1. Corporation Name
LOPAY, INC.



Principal Place of Business 348 MOFFAT LOOP OVIEDO FL 32765	Mailing Address 2581 N. FORSYTH RD STE E ORLANDO FL 32807-6448
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2. Principal Place of Business 21 2591 N. FORSYTH RD.		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 04/23/1996
Suite, Apt. #, etc. 22 SUITE E		Suite, Apt. #, etc. 27		4. FEI Number 59-3128220	Applied For ☐ Not Applicable
City & State 23 ORLANDO, FL		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24 32807		Country 25 ORANGE		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent PAYTON, MARY G. 348 MOFFAT LOOP OVIEDO FL 32765		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PAYTON, MARY G	1.2 NAME	
STREET ADDRESS	348 MOFFAT LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYTON, MARY G	2.2 NAME	
STREET ADDRESS	348 MOFFAT LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ 4/14/97 407-657-9540

CR2E034 (9/96)