

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

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 000003

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Hagys
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC -2 PM 2:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # G60684

1. Corporation Name
 LODRICK ENTERPRISES, INC.

Principal Place of Business
 2727 W. OAK RIDGE RD. UNIT 8-8
 ORLANDO, FL 32809

Mailing Address
 2727 W. OAK RIDGE RD. UNIT 8-8
 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 603 E. MEYERS AVE
 Suite, Apt. #, etc.

2a. Mailing Address
 26 603 E. MEYERS AVE
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 09/21/1983

4. FEI Number
 NOT APPLICABLE

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State
 23 HAZEL PARK, MI
 Zip Country
 24 48030 25 USA

27 City & State
 28 HAZEL PARK, MI
 Zip Country
 29 48030 30 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 LODRICK, KRIS
 2727 W. OAK RIDGE ROAD
 UNIT 8-8
 ORLANDO FL 32809

10. Name and Address of New Registered Agent
 81 Name ROBERT LODRICK
 82 Street Address (P.O. Box Number is Not Acceptable) 4376 NICOLE CIRCLE
 83
 84 City TEQUESTA FL 85 Zip Code 33758

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 ROBERT LODRICK (NOTE: Registered Agent signature required when reinstating) DATE 11-4-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LODRICK, LESTER B	
STREET ADDRESS	2727 W. OAK RIDGE RD. #8-8	
CITY-STATE-ZIP	ORLANDO, FL 32809	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LODRICK MARTHA J	
STREET ADDRESS	2727 W. OAK RIDGE RD. #8-8	
CITY-STATE-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	603 E. MEYERS AVE.
1.4 CITY-STATE-ZIP	HAZEL PARK, MI 48030
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	603 E. MEYERS AVE.
2.4 CITY-STATE-ZIP	HAZEL PARK, MI 48030
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900003070549--6
3.4 CITY-STATE-ZIP	-12/15/99--01009--034
	****150.00 ****150.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900003070549--6
4.4 CITY-STATE-ZIP	-12/15/99--01009--035
	****400.00 ****400.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Lester B. Lodrick (LESTER B. LODRICK) 9-20-99 298-546-0402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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Lodrick Enterprises Inc.
PO Box 32
603 E. Meyers Ave.
Hazel Park, MI 48030
Phone/Fax: 248-546-0402

September 3rd, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

The reason I'm late with this "Annual Report" is because I recently sold some of my properties in Florida and had to establish a new "Registered Agent" as depicted in the my late submission of the "1999 Profit Corporation Annual Report". I was told by your office to document my reasons for being late and I hope this letter serves it's intended purpose. The enclosed check in the amount of \$150.00 is submitted as my annual fee also as instructed. My new registered agent, my brother, should be good for a very long time. I do not anticipate any problems in the future.

Best regards,



Lester B. Lodrick