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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386922

1. Corporati	tion Name	•			
LE CLU	JB REALTY INC.				
					il Aldii Bibli Gidli Aldii bibli issa
Principal Pla	ace of Business	Mailing Address			il elek elek elek etek etek elek ilek
200 S.E. 6TH ST. STE. #202A 200 S.E. 6TH ST. STE. #2		∩2 ∆			
FT LAUDERDALE FL 33301-3427 FT LAUDERDALE FL 33301					
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
2 Principal	Place of Business			08/16/1971	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	t # etc	26 Suite Ant # etc		59-2021699	Not Applicable
22	# , 610.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country	This corporation owes the current year I Personal Property Tax.	Intangible □ Yes □ No
	9. Name and Address of Curren			10. Name and Address of New Registere	
81				The state of the s	w rigent
SAHAGIAN, HERMAN D. (JR)			82 Street Addr	(DO D 1)	
200 S.E. 6TH ST, STE. #202A			OZ Street Addr	ress (P.O. Box Number is Not Acceptable)	
+11	LAUDERDALE FL 33304		83		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			24 00	• 4	
			84 City	F	85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corporate	protion outprite this statement for the	
	registered agent, or both, in the State of am familiar with, and accept the obligat			on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		,	de dialotos.		
	Signature, typed or printed name of registered agent		Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND	 	13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME:	SAHAGIAN, HERMAN D.(JR)		1.2 NAME		
STREET ADDRESS	, -		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP		T ACI ETE	2.4 CITY-ST-ZIP	<u> </u>	
		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		m*1 m 1
CITY-ST-ZIP TITLE		C DELETE	3.4. CITY-ST-ZIP		
NAME		☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
i			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP		
NAME	j	ال ماديوان	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE .	2	☐ DELETE	6.1 TITLE		
NAME	, : ·	C OCCETE	6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	<u> </u>		6.3 STREET ADDRESS		

SIGNATURE:

14. I hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed.

CITY-ST-ZIP

TURE MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 effect of the statutes are under the same legal effect as if made under oath; that I am an effect of the statutes are under oath; that I am an effect of the statutes are under oath; that I am an address, with all other like empowered.

1/1/99

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90028 046 ***150.00

954/768-9000 Daytime Phone #

CR2E034 (11/98)