File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 25 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000363

HANDELMAN INVESTMENT CO., L.C.
4020 WEST PALM AIRE ~~AVENUE~~ DRIVE
SUITE 507
POMPANO BEACH FL 33069

98 APR CM

1a. Principal Place of Business Address

4020 WEST PALM AIRE ~~AVENUE~~
SUITE 507
POMPANO BEACH FL 33069

2. Principal Place of Business
4020 W. PALM AIRE DRIVE
Suite, Apt. #, etc.
SUITE 507
City & State
POMPANO BEACH FL
Zip 33069 Country USA

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
03/25/1997

3a. State of Formation
FL

4. FEI Number
65-0749051

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

HANDELMAN, LILLIAN
4020 WEST PALM AIRE ~~AVENUE~~ DRIVE
SUITE 507
POMPANO BEACH FL 33069

8. Name and Address of New Registered Agent/Office

Name
LILLIAN HANDELMAN
Street Address (P.O. Box Number is Not Acceptable)
4020 W. PALM AIRE DRIVE
Suite, Apt. #, etc.
507
City
POMPANO BEACH **FL**
Zip Code
33069

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Lillian Handelman DATE 3/16/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HANDELMAN, LILLIAN	4020 WEST PALM AIRE ~~AVENUE~~ DRIVE	POMPANO BEACH FL
MEM	HANDELMAN, JOAN	4020 WEST PALM AIRE ~~AVENUE~~ DRIVE	POMPANO BEACH FL
		420 W. PALM AIRE DRIVE	

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****188.75 ****188.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Lillian Handelman 3/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #