

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 12 AM 9:05

**DOCUMENT # P94000019627 (6)**

1. Corporation Name  
**LORBAR ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**PO BOX 451153 PO BOX 451153  
SUNRISE FL 33345 SUNRISE FL 33345**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b> 4611 S. University Dr.		<b>26</b> 4611 S. University Dr.		<b>65-0474470</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>22</b> #207		<b>27</b> #207		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b> Davie, Fl.		<b>28</b> Davie, Fl.					
Zip	County	Zip	County				
<b>24</b> 33328	<b>25</b> Broward	<b>29</b> 33328	<b>30</b> Broward				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EADES, FELIX 8450 SW 54TH ST MIAMI FL 33165</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<b>Resident</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<b>Lori Pincus</b>
STREET ADDRESS		13 STREET ADDRESS	<b>PO Box 451481 n/a</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>Sunrise, FL 33345</b>
TITLE		21 TITLE	<b>(only change is address) *</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Lori Pincus **LORI PINCUS** President **6/5/95 (305)877-7171**  
DATE: \_\_\_\_\_