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 CORPORATIO

ATIONS

FILED Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90018 005 ***150.00

| DOCUMENT # P94000074348 | | | | | | |
|--|--|-------------------------------|-------------------------|-------------------|---|---|
| | LSH REALTY, INC. | | | | | |
| J. J. WA | LOTT HEALTT, INC. | | | | 1 1882 1881 118 1811 1811 1811 1811 181 | 1111 2122 1 1 211 1 22 1 |
| | | | | | | |
| Principal Place of Business Mailing Address | | | | | T SANTIANDE INO MATERIA | 117 0100 1 1011 1001 |
| 5781 N. FEDER | al Hwy | 5781 N. FEDERAL HWY | | | | |
| BOCA RATON FL 33487 BOCA RATON FL 33487 | | | | | DO NOT WRITE IN THIS SPACE | |
| US 1 | | US | | | 3. Date Incorporated or Qualifed | \neg |
| | | | | | 10/06/1994 | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEl Number | Applied For |
| 21 | | | <u></u> | | | Not Applicable |
| Suite, Apt. #, etc: Suite, Apt. #, etc. | | | | | LE Conficate of Status Desired | Additional Required |
| 22 27 | | | | | | May Be |
| 23 | ¬, | | | | · · · · · · · · · · · · · · · · · · · | ed to Fees |
| Zip | Country Zip | | | _ | 8. This corporation owes the current year intangible | |
| 24 | 25 29 30 | | 30 | | Personal Property Tax. | □No |
| | 9. Name and Address of Current | Registered Agent | | T . | 10. Name and Address of New Registered Agent | |
| LA/AE | eu m | | 81 | Name | | |
| WALSH, JT 5781 N. FEDERAL HWY BOCA RATON FL 33487 | | | | Street Ac | ddress (P.O. Box Number is Not Acceptable) | |
| | | | | | | |
| BOOK INTOKETE GOTO | | | 83 | | | |
| | | | 84 | City | FL 85 Zi | p Code |
| 11, Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the abov | e-named co | progration submits this statement for the purpose of changing | its registered |
| office or n | egistered agent, or both, in the State o m familiar with, and accept the obligation | f Florida. Such change was au | ithorized by | the corpora | ation's board of directors. I hereby accept the appointment as | registered |
| SIGNATURE | | | | | | ĺ |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: F | | | | nt signature requ | uired when reinstating) DATE | |
| 12. | OFFICERS AND DIRECTORS DELETE | | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Change | |
| NAME | WALSH, JOHN T | [] beech | 1.2 NAME | | | |
| STREET ADDRESS | | | 1 | T ADDRESS | | } |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | 1.4 CITY-5 | | | |
| TITLE | DELETE | | 2.1 T/TLE | |] Chang | e 🗌 Addition |
| NAME | | | 2.2 NAME | | | ļ |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | • | [|
| CITY-ST-ZIP | · | | 2.4 CITY- | ST-ZIP | m o | |
| TITLE | ☐ DELETE | | 3.1 TITLE | | Chang | je 🗌 Addition |
| NAME | | | 3.2 NAME | ********* | | |
| STREET ADDRESS | | | 3.4. CITY-5 | T ADDRESS | | ļ |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | 31-24 | ☐ Chang | je Addition |
| NAME | ! | | 4.2 NAME | | _ , | |
| STREET ADDRESS | | | 4 | T ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | ST-ZIP | | |
| TITLE | ☐ DELETE | | 5.1 TITLE | | ☐ Chang | re 🗀 Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADORESS | | | 1 | TADDRESS | | Ì |
| CITY-ST-ZIP | | □ pricts | 5.4 CITY-S 6.1 TITLE | ST-ZIP | T-C | - Addition |
| TITLE | , | ☐ DELETE | 6.2 NAME | | ☐ Chang | je Addition |
| NAME | ş· | | | TADDRESS | | ĺ |
| STREET ADDRESS | | | CACITY C | | | |

ACITY-ST-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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

CR2F034 (11/98)



619787-40018-5

FIFTY SEVEN EIGHTY ONE NORTH FEDERAL HIGHWAY • BOCA RATON, FL 33487 (561) 997-2200 • FAX: (561) 997-1687

September 17, 1999

To Whom It May Concern:

This packet-was-just delivered today-via-US-Mail.—It was damaged and apparently lost by the postal service.

Thank you for your assistance.

Sincerely,

John T. Walsh