## 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 # P98000017695 1. Corporation Name

LU- VAL PROPERTIES, INC.

Principal Place of Business

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90068 028 \*\*\*150.00



· ····oipai · ·acc	, D.						
631 ISLAND WAY CLEARWATER FL 33767		631 ISLAND WAY Clearwater FL 33767			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed 02/23/1998	FACE_	
2. Principal Pl	2a. Mailing Address	fress		4. FEI Number	A	pplied For	
3487 Emerald Coast Pkwy 26					59~3494097	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22	., 2.0	27		5. Certifcate of Status Desired	Fee R	eguired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
Destin, FL		28			Trust Fund Contribution Added to Fees		
Zip	Country	├- <b>-</b> ` ┌	Country		8. This corporation owes the current year Intar		
32541	25 USA	29 30			( distribution of the control of the	Yes	,No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
0.4.00	040 05000° 0		81	Name	Coores C		1
	PAS, GEORGE G		82 Street Add		Iress (P.O. Box Number is Not Acceptable)		
	PARK DR.,STE.3				L. Hercules Ave. Suite D	_	
CLEA	ARWATER FL 33763		83				7
						1-1 -:-	<u> </u>
			84	City	TClearwater FL	1 1	Code
44 Durauant	to the previouse of Sections 607 0503	and 607 1508 Florida Statutes the	a above	Per Com	poration submits this statement for the purpose of C	hanging its	s registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was authori	zed by	the corporati	ion's board of directors. I hereby accept the appoint	ment as re	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida S	tatutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	ered Agen	t signature require	ed when reinstating) DATE		_ <del></del>
12.	OFFICERS AND		:_ 13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	D		1 TITLE	D	0/S	Change	Addition
NAME	VALLIANATOS, ANDREW		2 NAME	1	Vallianatos, Andrew		ľ
1	*** (6) **** (4) ***			I .	531 Island Way		
STREET ADDRESS	CLEARWATER FL 33767		.4 CITY-SI		•• · · · · · · · · · · · · · · · · · ·		· ·
CITY-ST-ZIP	<del></del>				Clearwater, FL 33767	Change	Addition
TITLE	D		1 TITLE	ı –	)/V	L <u>A</u> Gilange	
NAME	VALLIANATOS, JOHN		2 NAME	I	Vallianatos, John		Į.
STREET ADDRESS	631 ISLAND WAY	2.	3 STREET	ADDRESS 6	31 Island Way	· -	ľ
CITY-ST-ZIP	CLEARWATER FL 33767		4 CITY-S	T-ZIP C	Clearwater, FL 33767		
TITLE	D	☐ DELETE 3	1 TITLE	D	)/P	Change	Addition
NAME	LUPER, ZVI	3.	2 NAME	L	Luper, Zvi		Ì
STREET ADDRESS	1511 RIDGE TOP WAY	3.	3 STREET	ADDRESS 1	1511 Ridge Top Way		ļ
CITY-ST-ZIP	CLEARWATER FL 33765	1 3	.4. CITY-S	I	Clearwater, FL 33765		
TITLE	D		1 TITLE		O/T	Change	☐ Addition
NAME	LUPER, HANAN	4	2 NAME		Luper, Hanan		j
	1474 EL TAIR TRAIL			l l	7278 Sawgrass Point Dr.		ļ
STREET ADDRESS	CLEARWATER FL 33765						}
CITY-ST-ZIP	ULEARWATER FL 33/03		4 CITY-ST	-ZIP   P	Pinellas Park, FL 33782	[] Change	Addition
TITLE			.1 TITLE .2 NAME	Ì		_ 5.10.190	
NAME				ADDOCCO	• • • • • • • • • • • • • • • • • • • •		j
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4 CITY- ST	r-ZIP			
TITLE			.1 TITLE	ļ		Change	Addition A
NAME		6	.2 NAME	Į			
STREET ADDRESS		6	.3 STREET	ADDRESS			
			A CITY ST	r. 24D			,

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

MACULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-77-99 (727)449-0384

R2E034 (11/98)