FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S32112** **(2)**

1. Corporation Name
LOTTA GP INC.

Principal Place of Business	Mailing Address
890 SATE ROAD 434 N ALTAMONTE SPRINGS FL 32714	890 SATE ROAD 434 N ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/15/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3067447** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S.
890 STATE RD. 434 N.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, BARRY S.	12 NAME	
STREET ADDRESS	890 STATE RD 434 N	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRS FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, JEROME D.	22 NAME	
STREET ADDRESS	890 STATE RD 434 N	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, LAUREN B.	32 NAME	
STREET ADDRESS	890 STATE RD 434 N	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, WILLIAM J.	42 NAME	
STREET ADDRESS	890 STATE RD 434 N	43 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRING FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, MICHAEL A.	52 NAME	
STREET ADDRESS	890 STATE RD 434 N	53 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JACOBS, HARRY N.	62 NAME	
STREET ADDRESS	890 STATE RD 434 N	63 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	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 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.

SIGNATURE: J.D. Feinstein 4/26/95 (407) 788-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413000 FP