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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

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

1. Corporation Name
LOTTA GP INC.

Principal Place of Business	Mailing Address
860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714-7024

3. Date Incorporated or Qualified: 02/15/1991
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOODMAN, LAUREN B
860 STATE ROAD 434, NORTH
~~SUITE 5~~ Suite 7
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, BARRY S.		1.2 NAME	
STREET ADDRESS	890 STATE RD 434 N		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRS FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	FEINSTEIN, JEROME D.		2.2 NAME	Feinstein, Jerome D.
STREET ADDRESS	890 STATE RD 434 N		2.3 STREET ADDRESS	860 State Road 434 North, Suite 7
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DS	☐ DELETE	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	GOODMAN, LAUREN B.		3.2 NAME	Goodman, Lauren B.
STREET ADDRESS	890 STATE RD 434 N		3.3 STREET ADDRESS	860 State Road 434 North, Suite 7
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	DT	☐ DELETE	4.1 TITLE	P/D ☒ Change ☐ Addition
NAME	GOODMAN, WILLIAM J.		4.2 NAME	Goodman, William J.
STREET ADDRESS	890 STATE RD 434 N		4.3 STREET ADDRESS	860 State Road 434 North, Suite 7
CITY-ST-ZIP	ALTAMONTE SPRING FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	☐ DELETE	5.1 TITLE	T/D ☒ Change ☐ Addition
NAME	GOODMAN, MICHAEL A.		5.2 NAME	Goodman, Michael A.
STREET ADDRESS	890 STATE RD 434 N		5.3 STREET ADDRESS	860 State Road 434 North, Suite 7
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	JACOBS, HARRY N.		6.2 NAME	Jacobs, Harry N.
STREET ADDRESS	890 STATE RD 434 N		6.3 STREET ADDRESS	860 State Road 434 North, Suite 7
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714

CR2E034 (9/96)

14. 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 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: [signature] William J. Goodman 4/23/97 (407) 788-6555