

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S32112** (2)
1. Corporation Name
LOTTA GP INC.



Principal Place of Business 880 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	Mailing Address 880 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1991	
4. FEI Number 59-3087447	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
**GOODMAN, LAUREN B
880 STATE ROAD 434, NORTH
SUITE 5
ALTAMONTE SPRINGS FL 32714**

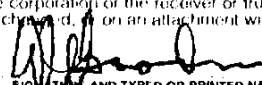
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, JEROME D.	1.2 NAME	
STREET ADDRESS	880 SR 434 N STE 7	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, LAUREN B.	2.2 NAME	
STREET ADDRESS	880 SR 434 N STE 7	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, WILLIAM J.	3.2 NAME	
STREET ADDRESS	880 SR 434 N STE 7	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRING FL	3.4 CITY - ST - ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, MICHAEL A.	4.2 NAME	
STREET ADDRESS	880 SR 434 N STE 7	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, HARRY N.	5.2 NAME	
STREET ADDRESS	880 SR 434 N STE 7	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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, on an attachment with an address

SIGNATURE:  William J. Goodman 1/20/98 (407) 788-6555

CR2E034 (10/97)