

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90009 039 ***550.00

DOCUMENT # P98000070618

1. Corporation Name
LRT TRADING CORP



Principal Place of Business
**3860 QUEEN WAY
BOCA RATON FL 33434**

Mailing Address
**3860 QUEEN WAY
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

650-856502

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 the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 3860 QUEENS WAY

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
23 BOCA RATON, FL**

Suite, Apt. #, etc.

27 City & State

Zip

24 33434

Country

25 USA

Zip

29 Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name LORI TUREL

82 Street Address (P.O. Box Number is Not Acceptable)

3860 QUEENS WAY

83

84 City BOCA RATON FL

85 Zip Code 33434

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 **LORI TUREL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TUREL, LORI
STREET ADDRESS 3860 QUEEN WAY
CITY-ST-ZIP BOCA RATON FL 33434

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.D. ANTHONY P. TUREL
1.2 NAME
1.3 STREET ADDRESS 1415 RED LANE RD.
1.4 CITY-ST-ZIP DANVILLE, PA. 17821

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99 **564-451-4444**

CR2E034 (5/99)

0078275