FILE NOW: FILING FEE AFTER MAY 1ST IS					\$550.00 FILED		D
	PROFIT	FLORID	FLORIDA DEPARTMENT OF STATE				
5	CORPORATION ANNUAL REPORT Secretary Secretary				1	Feb 04 1998	8:00am
	1998 Secretary of State DIVISION OF CORPORATIONS				ONS		
	1990	51010				Secretary of the sec	of State
1. Corporate		в (7)				
LONE	DON PLATERS INC						
Principal Plac	ce of Business	Mailing Address					
C/O DAVID LONDON C/O DAVID LONDON							
1080 E 24TH ST 1080 E 24TH ST HIALEAH FL 33013-4324 HIALEAH FL 33013-4324					DO NOT WRITE IN TH	S SPACE	
MALEAN FL 33013-4324						3. Date Incorporated or Qualified	O O AOE
						01/01/1956	
	Place of Business	2a. Mailing Addr	ess			4. FEI Number	Applied For
21 Suite, Apt	# etc	26 Suite, Apt. #,	etc			59-0772518	Not Applicable
22 City & Sta		27 City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registere	d Agent
	.ONDON,MICHAEL 1571 E. SANDPIPER CIRCLE						
	PEMBROOKE LAKES FL			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
•				83			
				84	City		85 Zip Code
44.0					-	F	L `
office or agent. La	to the provisions of Sections 607.0502 reg stered agent, or both, in the State c am familiar with, and accept the obligat	and 607.1508, Florid of Florida. Such chan ions of, Section 607.0	ta Statutes, ti ge was autho 5505, Florida	he above orized by t Statutes	-named corp the corporat 	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered agent						
12.	CFFICERS AND			13.	nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DE		1,1 TITLE			Change Addition
NAME	LONDON,DAVID			1.2 NAME			
STREET ADDRESS	1080 EAST 24 STREET			1.3 STREET	ADDRESS		
CITY - ST - ZIP	HIALEAH FL D	□ DE		1.4 CITY-ST	r-ZIP		
NAME	LONDON,MICHAEL	<u>.</u> 56		2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	1571 E. SANDPIPER CIRCLE			2.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROOKE LAKES FL			2. 4 CITY-ST-ZIP			
TITLE	ST	☐ D£I		3.1 TITLE			Change Addition
NAME	LONDON, DOREEN C.			3.2 NAME			
STREET ADDRESS	5161 S.W. 145 AVENUE			3.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	□ DE≀		3.4. CITY - S	r-ZIP		Dobara Davies
TITLE NAME		E DE		4.1 TITLE 4. 2 NAME			Change Addition
STREET ADDRESS				4. 2 NAME 4.3 STREET /	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST			
TITLE		☐ DEL		5.1 TITLE			☐ Change ☐ Addition
NAME			.	5.2 NAME			
STREET ADDRESS			1,	c o etheet /	onnece		

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 solveration or the receiver or trifishee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change to or fan altagriment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: \

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

198 (305)691-3472

☐ Change ☐ Addition