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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(0)

LIMEL CODD

**FILED** 

Feb 23 1998 8:00am

Secretary of State

LINEL CORP					
Principal Plac	e of Business	Mailing Address			)
· -		<b>3</b>			
C/O JEFFRI	LAGOON DR #250	5200 BLUE LAGOON DR STE 250			
MIAMI FL 3		MIAMI FL 33126		DO NOT WRITE IN TI	HIS SPACE
US		US		3. Date Incorporated or Qualified	
ŀ				11/23/1956	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 9010	5.W. 117 57.	26 90/0 S.W.	117 57.	59-6064635	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	and the second s	City & State		6. Election Campaign Financing	\$5.00 May Be
23 M 1 17M		28 MIAMI, FL	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 <b>33/7</b>	16 25 U.S. A.	29 33/76 3	U.S.A.	Personal Property Tax due June 30.	Yes □ No
	9. Name and Address of Current	Hegistered Agent	91 Name	10. Name and Address of New Registe	red Agent
FINE (JEFFREY)				NE (SEFFREX)	
5200 BLUE LAGOUN DR 82 Street Add				ess (P.O. Box Number is Not Acceptable)	
STE 250			901	0 5.w. 117 ST	
MIAMI FL 33126			83		
			84 City		- 85 Zip Code
			MI		-L   33/76
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpos	se of changing its registered
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 accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Transfer of the control of					
SIGNATURE	Agnature, the designment to give the purpose to provide the providence of the provid	and of class 2 bic (NOTE: F	og stered Agent signature requir	ed when reinstating) DA	TE .
12.	ÖFFICERS AMO	SIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	OPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FINE, JEFFREY		1.2 NAME		
STREET ADDRESS	9010 \$W 117TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City - St - ZiP		
TITLE	\$D	DELETE	2.1 TITL€		☐ Change ☐ Addition
NAME	FINE, LINDA		2.2 NAME		
STREET ADDRESS	9010 SW 117TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			0.7 OH (*-31*ZIP		

14. Thereby 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.