

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # 519091 (3)

1. Corporation Name

L. LURIA & SON, INC.

Principal Place of Business

5770 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

Mailing Address

5770 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified  
11/24/1976

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0620505

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LURIA, LEONARD  
5770 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CTD ☐ DELETE  
NAME LURIA, LEONARD  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE PD ☐ DELETE  
NAME LURIA, PETER  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE V/S ☐ DELETE  
NAME LURIA-COHEN, NANCY  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ DELETE  
NAME LURIA, SYDNEY  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE S ☒ DELETE  
NAME LURIA, GLORIA  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ DELETE  
NAME MARKS, EDWIN  
STREET ADDRESS 5770 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/D ☐ Change ☒ Addition  
1.2 NAME NATHANSON, GERALD  
1.3 STREET ADDRESS 5770 MIAMI LAKES DRIVE  
1.4 CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME KURLANDER, CRAIG  
2.3 STREET ADDRESS 5770 MIAMI LAKES DR  
2.4 CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME LOEBL RICHARD  
3.3 STREET ADDRESS 5770 MIAMI LAKES DRIVE  
3.4 CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME HIGGINS STEVEN  
4.3 STREET ADDRESS 5770 MIAMI LAKES DR  
4.4 CITY-ST-ZIP MIAMI LAKES FL

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME FLOERCHINGER THOMAS  
5.3 STREET ADDRESS 5770 MIAMI LAKES DR  
5.4 CITY-ST-ZIP MIAMI LAKES FL

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME ANGELO, RON  
6.3 STREET ADDRESS 5770 MIAMI LAKES DR  
6.4 CITY-ST-ZIP MIAMI LAKES FL (Continued)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy Luria Cohen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96  
Date

Daytime Phone #

CR2E034 (12/95)

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2. Principal Place of Business

2a. Mailing Address

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22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30  
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5770 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014

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

NOTE: Registered Agent signature required when renewing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		1.1 TITLE	D
NAME		1.2 NAME	COHEN-TURK CYNTHIA
STREET ADDRESS		1.3 STREET ADDRESS	5770 MIAMI LAKES DR
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MIAMI LAKES FL
TITLE		2.1 TITLE	D
NAME		2.2 NAME	DIVEN HARRY
STREET ADDRESS		2.3 STREET ADDRESS	5770 MIAMI LAKES DR
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI LAKES FL
TITLE		3.1 TITLE	D
NAME		3.2 NAME	PETERSEN, JORGEN
STREET ADDRESS		3.3 STREET ADDRESS	5770 MIAMI LAKES DR
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI LAKES FL
TITLE		4.1 TITLE	D
NAME		4.2 NAME	SERWER JEREMY
STREET ADDRESS		4.3 STREET ADDRESS	5770 MIAMI LAKES DR
CITY - ST - ZIP		4.4 CITY - ST - ZIP	MIAMI LAKES FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR