

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 536834

(5)

1. Corporation Name

LUSTIG ENTERPRISES, INC.



Principal Place of Business

2606 S. U.S. HIGHWAY 1
FORT PIERCE FL 34982-5918

Mailing Address

2606 S. U.S. HIGHWAY 1
FORT PIERCE FL 34982-5918

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

LUSTIG, DONALD
2606 S. U.S. HIGHWAY 1
FORT PIERCE FL 34997

3. Date Incorporated or Qualified
06/09/1977

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

4. FID Number
59-1878781

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

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 obligation of, Section 607.0103, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent and the corporation

Signature of registered agent or registered agent and the corporation

3/11/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	[] DELETE
NAME	LUSTIG, ROCHELLE	
STREET ADDRESS	2606 S US HWY 1	
CITY- ST- ZIP	FORT PIERCE, FL 00000	
TITLE	PD	[] DELETE
NAME	LUSTIG, DONALD	
STREET ADDRESS	2606 S US HWY 1	
CITY- ST- ZIP	FORT PIERCE, FL 00000	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

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)(b), 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

4-4-96 407 461 8650

CR2E034 (12/95)