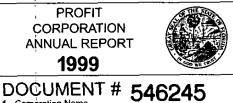
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90255 047 ***150.00

KEVIN J.	LUY ENTERPRISES, INC). 3						
Principal Place	of Rusiness	Mailing Address			- I HARLAN BRINK BRANK BURING HARL BA	i d i angl ang il a ta		6 U
2502 SW 19TH		2502 SW 19TH ST						
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312					DO NOT WOITE IN THIS SPACE			
i i i i i i i i i i i i i i i i i i i				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
· ·					08/02/1977			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		App	olied For
21 26					59-1769241	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				·	5. Certificate of Status Desired \$8.75 Additions			
27							Fee Re	quired
City & State					6. Election Campaign Financing		\$5.00 Added to	
28			Cal	untra -	Trust Fund Contribution			rees
Zip	Country Zip 25 29 3			Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No			□No	
24	9. Name and Address of Curr		30		10. Name and Address of New	Registered A	gent	
			#*-	81 Name		-		
LOY, KEVIN J.				82 Street Addre	ess (P.O. Box Number is Not Accept	able)		
2502 SW 19TH ST								
FT. I	LAUDERDALE FL 33312			83				1
				84 City			85 Zip C	ode
				<u></u>	1	FL	honoina ita	ropictored
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505,	as authorize Florida Stat	by the corporation utes.	oration submits this statement for the in's board of directors. I hereby acce	pt the appoint	lment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered a	const and title if applicable	NOTE: Peristera	1 Agent signature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.	Trigotit organization organization	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	TLE			☐ Change	☐ Addition
NAME	LOY,KEVIN J.		1.2 N	AME)
STREET ADDRESS	2502 SW 19TH ST		1.3 \$	TREET ADDRESS				
CITY-ST-ZIP	FT. LAUD FL			ITY-ST-ZIP				
TITLE	STD	☐ DELETI	2.1 T	TLE			Change	☐ Addition (
NAME '	LOY,MERCEDES P.		. 2.2 N					
STREET ADDRESS			- 1	TREET ADDRESS				}
CITY-ST-ZIP	FT. LAUD FL			CITY-ST-ZIP			Change	Addition
TITLE		(") DELETI	3.11 3.2 N		·			
NAME ;				TREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				}
CITY-ST-ZIP*	<u> </u>	☐ DELET				1	Change	☐ Addition
NAME			4. 2 !	AME				
STREET ADDRESS				TREET ADDRESS				}
CITY-ST-ZIP			4,4 0	ITY-ST-ZIP				
TITLE		☐ DELET	5.1 T	ITLE			☐ Change	☐ Addition
NAME			5.2 N	AME (
STREET ADDRESS			5.3 8	TREET ADDRESS	,			1
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELET	6.1 T	ITLE			Change	☐ Addition
								1
NAME	,			IAME TREET ADDRESS				

CITY-ST-ZIP 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 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

561-241-5830