Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90018 014 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 573086**

1. Corporation Name

LRL REALTY AND INVESTMENT CORPORATION

Principal Plac	e of Business	Mailing Address			- I COMINI OLIVI COMBU LEISI DOCUS INSID REES OLD	fi alêlî êtêti alalî Elati alalî losi	
ı'		-%-JOSIAS-&-GOREN, P.A.					
** JOSIAS & GOREN. P.A ** JOSIAS & GOREN. P.A ** ***3099 E. COMMERCIAL BLVD.: #200			. #200		DO NOT WRITE IN THIS SPACE		
			_				
					<ol><li>Date Incorporated or Qualifed</li></ol>		
					05/12/1978		
2. Principal P	lace of Business	2a. Mailing Address GO	DEN CII		4, FEI Number	Applied For	
c/o JOSIAS, GOREN, CHEROF, 26 DOODY & EZROL, P.			P.A.	ERUI,	59-1878807	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
3099 E	C. Commercial Blvd., #200	27 3099 E. Commercial Blvd., #200		d., #200	5. Certifcate of Status Desired	Fee Required	
City & Stat	ee	City & State		_ <del></del>	6. Election Campaign Financing	\$5.00 May Be	
				d=	Trust Fund Contribution	Added to Fees	
Zin	Country	Zip	Country		a. This corporation owes the current year	Intangible	
<del></del> , 33	308 J.S.A.		υ.s		Personal Property Tax.	X Yes □No	
24	9. Name and Address of Current	29	101		10. Name and Address of New Registere		
<del></del>	9; Name and Address of Corrent	Registered Agent	81	Name	To. Hamie and Address of New Adgrature		
GOE	REN, SAMUEL S.			114411			
- · · · · · · · · · · · · · · · · · · ·				Street Addr	ess (P.O. Box Number is Not Acceptable)		
3099 E. COMMERCIAL BLVD., #200 FT. LAUDERDALE FL 33308							
FIL	LAUDENDALE PL 33300		83				
			84	Gity		85 Zip Code	
			34	City	F	L las zip code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut ons of, Section 607.0505, Florid	horized by la Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signa  12 OFFICERS AND DIRECTORS  13				it signature requirer	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change ☐ Addition	
	• -	□ occerc	ľ			C cuturge C : radiion	
NAME	LATNER, STEVEN		1.2 NAME	ĺ			
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-S	T-ZIP.		<del></del>	
TITLE	STD	☐ DELETE	2.1 TITLE	ì		☐ Change ☐ Addition	
NAME	latner, albert J.		2.2 NAME	1			
STREET ADDRESS	1121 CRANDON BLVD.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY+5	ST-ZIP			
TITLE	V	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	LATNER, ALBERT J.		3.2 NAME				
STREET ADDRESS				TADDRESS	,		
	KEY BISCAYNE FL		1	-			
CITY-ST-ZIP	DV	□ DELETE	3.4. CITY-S 4.1 TITLE	01-ZIP	<del></del>	☐ Change ☐ Addition	
TITLÉ	, <b>.</b> .	C) perese		ļ		The Transfer	
NAME	LATNER, MICHAEL E.		4, 2 NAME				
STREET ADDRESS	1121 CRANDON BLVD.		4.3 STREE	T ADDRESS	· ·		

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 supplied ental 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 of the receiver or tristee 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

/SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

KEY BISCAYNE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999 (416) 487-1100

Daytime Phone #

Change

☐ Change

☐ Addition

Addition

CR2F034 (11/98)