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Feb 19, 1999 8:00am

**Secretary of State** 

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 575300 1. Corporation Name

THE LUSTIG COMPANY

					-						
Principal Place of Business		Mailing Address				1					
815 NW 57TH AVENUE		815 NW 57TH AVENUE									
SUITE 205		SUITE 205				DO NOT WRITE	INI TIJIC	CDACE	-		
MIAMI FL 33126 US		MIAMI FL 33126 US			2	Date Incorporated or Qualifed	IN ITIS	SFACE			
00		00				".	06/09/1978				
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number			App	lied For
21		26					59-1835364		-	<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1_		<b>-</b>	\$8.	75 A	dditional
22		27				5.	Certifcate of Status Desired	<u> </u>	Fe	e Rec	quired
City & State		City & State				6.	Election Campaign Financing	<b>_</b>	\$5	.00	May Be
23		28				_	Trust Fund Contribution		, Ad	ded to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current	year Inta			
24	25	129	30			<u>L</u>	Personal Property Tax.	!	Yes		∐No
	9. Name and Address of Curren	t Registered Agent	,	81	Name	10.	Name and Address of New Reg	istered /	Agent		
HIS	TIG, PRESCOTT T.				Mairie						
#16				82	Street Addre	ss (P	P.O. Box Number is Not Acceptable	:)			
	MYSTIC POINT DRIVE			83	•••						<u> </u>
	TH MIAMI BEACH FL 33180			"							
				84	City				85	Zip C	ode
44 Dureuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statu	toe the al	hova	named corno	ration	o submits this statement for the our	mose of	changin	n its r	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	suthorized	by th	he corporation	's bo	pard of directors. I hereby accept the	ne appoir	ntment a	as reg	istered
agent ' a											
ayent. Fa	m lamiliai with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stati	ites.	•						
SIGNATURE						when n		DATE			
SIGNATURE	Signature, typed or printed name of registered agents				signature required			DATE ERS AN	D DIRE	CTOF	RS IN 12
ū	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOT)	E: Registered	Agent			einstating)		D DIRE		RS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOT)	E: Registered	Agent :			einstating)				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN P LUSTIG, PRESCOTT T.	at and title if applicable. (NOT)	E: Registered 13. 1.1 TII 1.2 NA	Agent :			einstating)				
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P LUSTIG, PRESCOTT T. 3600 MYSTIC POINTE DRIVE	at and title if applicable. (NOT)	13. 1.1 TII 1.2 NA 1.3 ST	Agent :	signature required of		einstating)				
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: