PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 645608

1. Corporation Name L & T ENTERPRISES, INC.

1999

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90162 034 ***150.00



Principal Place	of Business	Mailing Address				•			
1177 THIRD STR	REET SOUTH	1177 THIRD STREET SOUTH							
NAPLES FL 3410	02	NAPLES FL 34102			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			_	ĺ
					11/19/1979				1
2 Principal Di-	ace of Business	2a. Mailing Address			4, FEI Number		ПА	pplied For	l
21 793	FIFTH AVENUE SOUTH	26 795 FIFTH	Ave	5. Sooti	n 59-1948572		N	ot Applicable	ŀ
Suite, Apt. #		Suite, Apt. #, etc.	,,,,			 -1	\$8.75	Additional	
22	,, 3.3.	27			5. Certifcate of Status Desired	ار	Fee R	tequired	ĺ
City & State		City & State			6. Election Campaign Financing	- -1	\$5.00	May Be	ĺ
NAPLE	TIES, FL 28 NAPLES, FL				Trust Fund Contribution]	Added	to Fees	İ
Zip	Country	Zip	Country	/	8. This corporation owes the current	year Intan	ıgible		İ
24 3410	25 USA	29 34/02 30]	USA	Personal Property Tax.		Yes	⊠No	
7.1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Ag	jent		
						Ì			
MAR	an, anthony j	82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)			1	
1177 THIRD STREET SOUTH			62	793	ress (P.O. Box Number is Not Acceptable	.,	•		ļ
NAPLES FL 34102									1
			-				85 Zip	Code	ł
			84	City NA	PLES	FL	3	4/02	İ
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	oration submits this statement for the pu	pose of ch	nanging it	s registered	}
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change was autho	orizea dv	r the corporation	on's board of directors. I hereby accept the	те арроити	nent as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	d when reinstating)	DATE) ;
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	VSTD	☐ DELETE	1.1 TITLE			,	Change	Addition	:
NAME	MARAN, ANTHONY J		1.2 NAME			_			;
STREET ADDRESS	1177 THIRD ST S.		1.3 STREE	TADORESS 7	193 FIFTH AVENUE	`2∙			Ιį
CITY-ST-ZIP	NAPLES FL 34102		14 CITY-5	ST-ZIP	NAPLES, FL 341	02			1 3
TITLE	PD	☐ DELETE	2.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	°
NAME	MARAN, LUCILLE M		2.2 NAME			_			
STREET ADDRESS	1177 THIRD STREET SOUTH		2.3 STREE	TADORESS 7	193 FIFTH AVENUE	٠, ٥, ١		-	-
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-	ST-ZIP	VAPLES, FU 34.	102 <u> </u>			
TITLE	1000	☐ DELETE	3.1 TITLE	_		_	Change	□ Addition	
NAME			3.2 NAME						1
STREET ADDRESS			3.3 STREE	TADORESS					1
CITY-ST-ZIP			3.4. CITY-	F					J
TITLE		☐ DELETE	4.1 TITLE			_	☐ Change	Addition	}
NAME			4. 2 NAME						
STREET ADDRESS			ļ	T ADDRESS					1
			4.4 CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	J. 24	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	1
			5.2 NAME				-		
NAME .			Ť	ET ADDRESS					
STREET ADDRESS			5.4 CITY-						1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			_	Change	Addition	1
TITLE	<u>-</u>	∑ bereir	6.2 NAME				_ 3	_	
NAME				ET ADDRESS					1
STREET ADDRESS		,							
CITY-ST-ZIP		,	6.4 CITY-	ST-ZIP					

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 changed, or on an attachment with an address, with all other like empowered.