04-16-1999 90024 020 ***150.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MENI # 665644	1								
1. Corporation Name LINGOR INVESTMENTS, INC.										
LINGOIT	MATO!WEIMO! MO.						1 1 12 01 2 1 011 1 1 01 11 1 011 1 1 0111 1 0201	COLO CUEN EN	e n e nen enen f	
Principal Place of Business Mailing Address							i fåålif Silin silat silit siste atstrærårr		en em .	
5675 SW 35TH AVENUE 5675 SW 35TH AVENUE										
HOLLYWOOD F	L 33312		HOLLYWOOD FL 33312 US				DO NOT WRITE	IN THIS	SPACE	
US		US				3.	Date Incorporated or Qualifed			
							04/03/1980			
2. Principal Pl	ace of Business	2a. Mailing Address				1	FEI Number		<u> </u>	plied For
21		26					<u>59-1991510</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 / Fee Re	
22		27 City & State			+_		•••		<u>-</u>	
City & State	By an are a second of the	City & State = · .			- 1	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	*	
Zip	Country	Zip	Coun	ıtry			This corporation owes the curren	t vear inte		
24	25	29	30	•		I	Personal Property Tax.	,	Yes	□No
2-1	9. Name and Address of Currer		18-1			10.	Name and Address of New Re	gistered	Agent	
				81	Name					
	KELBAUM, GORDON		-	82 Street Addr			O. Box Number is Not Acceptabl	e)		
	SW 35TH AVE.						·			
HUL	LYWOOD FL 33312			83						
				84	City		- 41.7		85 Zip	Code
		1007 (COO E) 11 CO	4 4 - 4 - 4				submits this statement for the su	FL	changing its	ranietered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change wa	e authorized	hv th	named corp he corporatio	on's bo	ard of directors. I hereby accept t	the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Statut	tes.						
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (N	IOTE: Registered A	aent:	signature require	ed when re	instating)	DATE		
12.		ND DIRECTORS	13.				DDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITL	1.1 TITLE					☐ Change	☐ Addition
NAME.	DECKELBAUM, GORDON	,	1.2 NAM	ΛE						
STREET ADDRESS	5675 SW 35TH AVE			1.3 STREET ADDRESS						
City-ST-ZIP	HOLLYWOOD FL 33312			1.4 CITY-ST-ZIP						
TITLE	ST	☐ DELETE							☐ Change	☐ Addition
NAME	DECKELBAUM, GORDON			2.2 NAME						
STREET ADDRESS	5675 SW 35TH AVE			3 STREET ADDRESS						
CITY-ST-ZIP -:	HOLLYWOOD FL			2.4 CITY-ST-ZIP			<u> </u>	- ,	Change	Addition
TITLE	V .	C OCCETE		3.1 IIILE 3.2 NAME						
NAME (DECKELBAUM, YETTA 5675 SW 35TH AVE		•		ADDRES\$					
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL			3.4. CITY-ST-ZIP						
TITLE	DELETE			4.1 TITLE					Change	☐ Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			l l		ADDRESS					
CITY-ST-ZIP		•	4.4 CIT							
TITLE	☐ DELETE			5.1 TITLE					Change	☐ Addition
NAME		:	5.2 NAM							
STREET ADDRESS		İ			ADDRESS					
CITY-ST-ZIP	•		5.4 CIT		ZIP					<u> </u>
TITLE		☐ DELETE							☐ Change	☐ Addition
NAME			6.2 NAA	ME						

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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE REQUIRED TO DECKEL BOUM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS