

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90110 026 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **686362**

1. Corporation Name
LATL, INC.

Principal Place of Business
**200 ADMIRALS COVE BLVD
 JUPITER FL 33477
 US**

Mailing Address
**200 ADMIRALS COVE BLVD
 JUPITER FL 33477
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1980

4. FEI Number **52-1196210**
 Applied For Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22

2a. Mailing Address
 26 Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HYMAN, SHERRY LEFKOWI
 200 ADMINRALS COVE BLVD
 JUPITER FL 33477**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
PD
 NAME **FRANKEL, THOMAS**
 STREET ADDRESS **200 ADMIRALS COVE BLVD**
 CITY-ST-ZIP **JUPITER FL 33477**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
VASD
 NAME **FRANKEL, ANDREW**
 STREET ADDRESS **200 ADMIRALS COVE BLVD**
 CITY-ST-ZIP **JUPITER FL 33477**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
DT
 NAME **FRANKEL, THOMAS**
 STREET ADDRESS **200 ADMIRALS COVE BLVD.**
 CITY-ST-ZIP **JUPITER FL 33477**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
SD
 NAME **KLEIN, ELIZABETH FRAN**
 STREET ADDRESS **200 ADMINRAL'S COVE BLVD**
 CITY-ST-ZIP **JUPITER FL 33477**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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.

SIGNATURE: **Thomas Frankel, President** 1/27/99 561-744-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)