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

L&S REALTY, INC.

Principal Place of	Business
106 ESTRELLA RD	

Mailing Address

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90005 046 ***150.00



106 ESTRELLA RD. MELBOURNE BCH. FL 32951	106 ESTRELLA RD. MELBOURNE BCH. FL 32951			DO NOT WRITE IN THIS	S SPACE	•	
•				3. Date Incorporated or Qualifed			
				04/01/1981		,	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
21	26			59-2073728		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		ا دریسه عیان د	5. Certificate of Status Desired		7.5 Additional	
22		27			re	e Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28			Trust Fund Contribution	Ad	ded to Fees	
Zip Country	Zip Country		8. This corporation owes the current year In	tangible			
24 25	29 30			Personal Property Tax.	Yes Yes	□No	
9. Name and Address of Current Registered Agent			•	10. Name and Address of New Registered Agent			
ATKINS, LILLIAN L		81	Name				
106 ESTRELLA RD. MELBOURNE BCH. FL 32951		82	Street Addres	Address (P.O. Box Number is Not Acceptable)			
		83		(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)			
		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			
		Registered Agent signature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBARA J SAMUELS	1.2 NAME	
STREET ADDRESS	106 ESTRELLA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP □ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, SAUL	2.2 NAME	
STREET ADDRESS	106 ESTRELLA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	2. 4 CITY-ST-ZIP	The transfer of the second of
TITLE	. P □ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	<u> "Atkins, lillian</u>	3.2 NAME	
STREET ADDRESS	106 ESTRELLA RD	3.3 STREET ADDRESS	Company of the state of the sta
CITY-ST-ZIP	MELBOURNE BCH FL	3.4. CITY-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	Topic Control of the	5.4 CITY-ST-ZIP	
TITLE	□ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	The second secon	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: