

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10: 21

DOCUMENT # F93000001524 (8)

1. Corporation Name

LFP PROPERTIES, INC.

Principal Place of Business

Mailing Address

38 LANGRISH LANE
WESTON CT 06893
US

PO BOX 7718
WILTON CT 06897-7718
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

03/29/1994

4. FEI Number

22-3216310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 666 Main Ave.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Newwalk CT

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 06851

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, F P
708 N.W. 8TH AVENUE
GAINESVILLE FL 32605

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 PD
NAME FLEISSLER, LORRENCE
STREET ADDRESS 7517 MAHOGANY BEND
CITY- ST- ZIP BOCA RATON FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME PASQUALE, JOHN
STREET ADDRESS 7800 RIVER ROAD
CITY- ST- ZIP NORTH BERGEN NJ

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE V
NAME LIEDERMAN, BARRY
STREET ADDRESS 175 PROSPECT STREET
CITY- ST- ZIP EAST ORANGE NJ

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE D
NAME LIEBERMAN, RENE
STREET ADDRESS 15 PROSPECT STREET
CITY- ST- ZIP EAST ORANGE NJ 07017

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

[Signature]
J.P.
Barry Lieberman, Vice-President/Secy.

3/29/95

(203) 454-4000