## 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 # F9300001524 1. Corporation Name

Principal Place of Business	Mailing Address
110 NW 39TH AVE	110 NW 39TH AVE
GAINESVILLE FL 32609	GAINESVILLE FL 32609
US	US

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90233 018 \*\*\*150.00

LFF FINC	PERHES; INC.										
Principal Place	o of Business	Mailing Address				<del> </del>				### <b>##</b> ###############################	
•		_									
110 NW 39TH A GAINESVILLE FI US		110 NW 39TH AVE GAINESVILLE FL 32609 US					a	W TON O	RITE IN TI	HIS SPACE	
US		03				3. Date	ncorporated	or Qualife	ed	<del></del>	
						03/2	9/1993				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI N				I A	pplied For
21		26				22-3	216310_			N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							~ n ·	\$8.75	Additional
22		27				5. Cerui	cate of Statu	is Desired		Fee R	equired
City & State	e	City & State				6. Electi	on Campaig	n Financin	g 🗆	\$5.00	May Be
23		28				Trust	Fund Contri	bution		Added	to Fees
Zip	Country	Zip	Coun	try		8. This o	orporation o	wes the c	urrent year		
24	25	29	30				nal Property			Yes	<b>S</b> No
	9. Name and Address of Curre	ent Registered Agent				10. Name	and Addre	ess of Nev	v Register	ed Agent	
I AVA	DENCE E D		- 1	31 Name	LO	RREN	ا ≥ے	FLEI	ssle	€R.	ļ
	RENCE, F.P.		Ī	32 Street	Addres	ss (P.O. Bo	x Number is	Not Acce	ptable)_		
	N.W. 8TH AVENUE -		<u> </u>		75	17 1	<u>44 H O G</u>	4 NY	BEN.	D PLACE	=
~- <del>WAIN</del>	<del>IESVILLE FL 32605</del> —		l'	83							
			ļ.	84 City						. 85 Zip	Code
	to the provisions of Sections 607.05				BD	CAR	ATON		r	-L   00   3	3434
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida, Such change was at	es, the ab uthorized	ove-named by the com	corpor	ration subm	its this state directors. I	ement for til bereby acc	ne purpose cept the ap	e of changing it ipointment as r	s registered egistered
			01,101,E0G								
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statul	es.		7	/			216	.e
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statui	es. Que	دو	W	sli		*	3-1-9	9
agent. I a SIGNATURE	m familiar with, and accept the oblig F LERRENCE FLEISS Signature, typed or printed name of registered as	gations of, Section 607.0505, Floi gent and title if applicable (NOTE	Registered	es. Que	دو	when reinstating	gli		DATE	3-1-9	9
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered F	es. Quer gent signature	دو	when reinstating	gli		DATE	3-4-9 AND DIRECT	9 ORS IN 12
agent. I a SIGNATURE  12.  TITLE	m familiar with, and accept the oblig	gations of, Section 607.0505, Floi gent and title if applicable (NOTE	Registered 13.	es. Puer gent signature	دو	when reinstating	gli		DATE	3-1-9	9 ORS IN 12
agent. I a SIGNATURE  12.  TITLE  NAME	m familiar with, and accept the obliging in the control of the con	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered 13.	es. Pura gent signature E	required v	when reinstating	gli		DATE	3-4-9 AND DIRECT	9 ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	rm familiar with, and accept the obliging signature, typed or printed name of registered as OFFICERS A PD FLEISSLER, LORRENCE 7517 MAHOGANY BEND	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered 13.  1.1 T/TL  1.2 NAA	gent signature  E  E  E  E  E  E  E  E  E  E  E  E  E	required v	when reinstating	gli		DATE	3-4-9 AND DIRECT	9 ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	regional regions of the obligation of the obligation of the control of the contro	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T	gent signature  E E EET ADORESS (-ST-ZIP	required v	when reinstating	gli		DATE	3_ L - 9  AND DIRECT  ☐ Change	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	rm familiar with, and accept the obliging signature, typed or printed name of registered at OFFICERS A PD FLEISSLER, LORRENCE 7517 MAHOGANY BEND BOCA RATON FL 33434 VD	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signature  E EE EET ADORESS (-ST-ZIP)	required v	when reinstating	gli		DATE	3-4-9 AND DIRECT	ORS IN 12
agent. I a C SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	regimiliar with, and accept the obliging signature, typed or printed name of registered at OFFICERS A PD FLEISSLER, LORRENCE 7517 MAHOGANY BEND BOCA RATON FL 33434 VD PASQUALE, JOHN	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 2.1 TITL 2.2 NAA	gent signature  E E EE EET ADORESS (-ST-ZIP E	required v	when reinstating	gli		DATE	3_ L - 9  AND DIRECT  ☐ Change	ORS IN 12
agent. I a C SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered 7 13.  1.1 T/II.  1.2 NAA  1.3 STR  1.4 C/IT  2.1 T/II.  2.2 NAA  2.3 STR	gent signature  E EET ADORESS (-ST-ZIP E EET ADORESS	required v	when reinstating	gli		DATE	3_ L - 9  AND DIRECT  ☐ Change	ORS IN 12
agent. I a C SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	regimiliar with, and accept the obliging signature, typed or printed name of registered at OFFICERS A PD FLEISSLER, LORRENCE 7517 MAHOGANY BEND BOCA RATON FL 33434 VD PASQUALE, JOHN	gations of, Section 607,0505, Florence of the fragplicable. (NOTE: AND DIRECTORS DELETE	Rogistere/ Rogistere/ 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT	gent signature  E EET ADORESS (-ST-ZIP E EET ADORESS Y-ST-ZIP	required v	when reinstating	gli		DATE	3_ L - 9  AND DIRECT  ☐ Change	ORS IN 12
agent. I a C SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Rogistered   13.   1.1 Tifl.   1.2 NAA   1.3 STR   1.4 CIT'   2.1 Tifl.   2.2 NAA   2.3 STR   2.4 CIT   3.1 Tifl.   3.1 Tifl	gent signature  E EET ADORESS (-ST-ZIP E EET ADORESS Y-ST-ZIP E	required v	when reinstating	gli		DATE	3 9  AND DIRECT  ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Florence of the fragplicable. (NOTE: AND DIRECTORS DELETE	Rogistere/ 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	gent signature  E EET ADORESS (-ST-ZIP E EET ADORESS Y-ST-ZIP E	required v	when reinstating	gli		DATE	3 9  AND DIRECT  ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Florence of the fragplicable. (NOTE: AND DIRECTORS DELETE	Registered  13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR	gent signature  E EET ADORESS  /-ST-ZIP E EET ADORESS  Y-ST-ZIP E EET ADORESS	required v	when reinstating	gli		DATE	3 9  AND DIRECT  ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Florence of the fragplicable. (NOTE: AND DIRECTORS DELETE	Registered  13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR	gent signature  E EET ADORESS (-ST-ZIP E EET ADORESS Y-ST-ZIP E EET ADORESS Y-ST-ZIP E EET ADORESS	required v	when reinstating	gli		DATE	3 9  AND DIRECT  ☐ Change	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STR 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STR 2.4 C/IT 3.1 T/III. 3.2 NAA 3.3 STR 3.4 C/IT 4.1 T/II.	gent signature  E EE EET ADORESS (-ST-ZIP E EET ADORESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	required v	when reinstating	gli		DATE	AND DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE	13. 1.1 I/II. 1.2 NAM 1.3 STR 1.4 C/II. 2.1 I/II. 2.2 NAM 2.3 STR 2.4 C/II. 3.1 I/III. 3.2 NAM 3.3 STR 3.4 C/II. 4.1 I/III. 4.2 NAM	gent signature  E EE EET ADORESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	required v	when reinstating	gli		DATE	AND DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STF 2.4 C/IT 3.1 T/III. 3.2 NAA 3.3 STF 4.1 T/III. 4.2 NAI 4.3 STF	gent signature  E EE EET ADORESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS	required v	when reinstating	gli		DATE	AND DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STF 2.4 C/IT 3.1 T/III. 3.2 NAA 3.3 STF 4.1 T/III. 4.2 NAI 4.3 STF	gent signature  E EE EET ADORESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E MC EFT ADDRESS	required v	when reinstating	gli		DATE	AND DIRECT Change	ORS IN 12  Addition  Addition
Agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STR 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STR 2.4 C/IT 3.1 T/III. 3.2 NAA 4.3 STR 4.1 T/III. 4.2 NAA 4.3 STR 4.4 C/IT	gent signature  E EEET ADORESS (-SY-ZIP) E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS (-SY-ZIP) E EEET ADDRESS (-SY-ZIP) E EET ADDRESS	required v	when reinstating	gli		DATE	3 -	ORS IN 12  Addition  Addition
agent. I a Comment of the comment of	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STR 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STR 2.4 C/IT 3.1 T/III. 4.2 NAA 4.3 STR 4.4 C/IT 5.1 T/III. 5.2 NAA	gent signature  E EEET ADORESS (-SY-ZIP) E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS (-SY-ZIP) E EEET ADDRESS (-SY-ZIP) E EET ADDRESS	required v	when reinstating	gli		DATE	3 -	ORS IN 12  Addition  Addition
Agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STF 2.4 C/IT 3.1 T/III. 3.2 NAA 4.3 STF 4.1 T/III. 4.2 NAI 4.3 STF 4.4 C/IT 5.1 T/III. 5.2 NAA 5.3 STF	gent signature  E E EET ADORESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS	required v	when reinstating	gli		DATE	3 -	ORS IN 12  Addition  Addition
agent. I a Comment of the comment of	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Flor  gent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STF 2.4 C/IT 3.1 T/III. 3.2 NAA 4.3 STF 4.1 T/III. 4.2 NAI 4.3 STF 4.4 C/IT 5.1 T/III. 5.2 NAA 5.3 STF	es Plus gent signature  E EEE EET ADORESS (-ST-ZIP)  E EEET ADDRESS Y-ST-ZIP  E EEET ADDRESS Y-ST-ZIP  E ME EEET ADDRESS (-ST-ZIP)  E EEET ADDRESS (-ST-ZIP)  E EEET ADDRESS (-ST-ZIP)  E EEET ADDRESS (-ST-ZIP)  E EEET ADDRESS (-ST-ZIP)	required v	when reinstating	gli		DATE	3 -	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	rm familiar with, and accept the obliging in the color of	gations of, Section 607,0505, Florence And Directors  DELETE  DELETE  DELETE  DELETE	Registered  13. 1.1 T/II. 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/II. 2.2 NAA 2.3 STF 2.4 C/IT 3.1 T/III. 4.2 NAA 4.3 STF 4.4 C/IT 5.1 T/III. 5.2 NAA 5.3 STF 5.4 C/IT 5.4 C/IT 5.4 C/IT 5.5 C/IT 5.5 C/IT 5.5 C/IT 5.6 C/IT 5.7 C/I	es provinces pro	required v	when reinstating	gli		DATE	Change   Change	ORS IN 12  Addition  Addition  Addition
agent. I a Comment of the comment of	FLEISSLER, LORRENCE 7517 MAHOGANY BEND BOCA RATON FL 33434 VD PASQUALE, JOHN 639 MOUNTAIN ROAD KINNELON NJ 07405	gations of, Section 607,0505, Florence And Directors  DELETE  DELETE  DELETE  DELETE	Registerey  13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CITT 3.1 TITL 4.2 NAA 4.3 STF 4.4 CITT 5.1 TITL 5.2 NAA 5.3 STF 5.4 CITT 6.1 TITL 6.2 NAA	es provinces pro	required v	when reinstating	gli		DATE	Change   Change	ORS IN 12  Addition  Addition  Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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: 5