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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005624

1. Corporation Name

CITY-ST-ZIP

LUCKY CORNER, INC.

Principal Place	e of Business	Maili	ling Address				-			01130 11 0 11 0101 11	11)
1191 W HWY 436 ALTAMONTE SPRINGS FL 32714		825 F	B25 RAVEN CR. #101 ALTAMONTE SPRINGS FL 32714								
							DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualife		JEAGL		
	<u> </u>						10/28/1994				
2. Principal Pl	lace of Business	2a. N	Mailing Address		-		4. FEI Number			Applied For	
21		26					34-1725205		- 1 -	Not Applical	ble
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	5 Additional	1
22		27					U. Cortificate of Ciatas Besilios		Fee	Required	
City & State	e	⊢ —	City & State		•		6. Election Campaign Financin	g □		00 May Be	
23		28	- ·	0			Trust Fund Contribution			ed to Fees	
Zip	Country		Zip	Count	ry		8. This corporation owes the co	urrent year Int	angible Yes	□No	
24	9. Name and Address of Curre	29 ent Registe	red Agent	30			Personal Property Tax. 10. Name and Address of New	/ Registered			_
	3. Name and Address of Conte	in registe	HEU Agont	8	1 N	Name	to rung the running of the				
ALM	OMANI, FATHI										
1191	I W. HWY 436			8			ss (P.O. Box Number is Not Acce	otable)			
ALTA	AMONTE S <u>pring</u> s FL 32714	'		8	13						
	> -					CASSEC	BERRY				
				8	14 C	City C.45	SELEBERNY.	FL	85	Zip Code 32707	
11. Pursuant	to the provisions of Sections 607.05	02 and 607	7 1508. Florida Stat	utes, the abo	Ne-na	amed corpor	ration submits this statement for the	ne purpose of	changing	its registere	.d
office or r											u
onice or re	egistered agent, or both, in the State	e of Florida.	. Such change was	authorized b	y the	corporation	s board of directors. I hereby acc	ept the appoi	ntment a	s registered	u
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida.	. Such change was	authorized b	y the	corporation	o's board of directors. I hereby acc	ept the appoi	ntment a	s registered	u
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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 armual 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #