

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90019 017 ***150.00

DOCUMENT # F95000003160

1. Corporation Name

LERNER RENOVATIONS, INC.

Principal Place of Business

542 SNELLING AVENUE S.
102
ST. PAUL MN 55116
US

Mailing Address

542 SNELLING AVENUE S.
102
ST. PAUL MN 55116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

41-1710853

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE DSV ☐ DELETE
NAME EATON, WENDY L
STREET ADDRESS 542 SNELLING AVENUE S., SUITE 102
CITY-ST-ZIP ST. PAUL MN

TITLE DT ☐ DELETE
NAME LERNER, LEON
STREET ADDRESS 542 SNELLING AVENUE S., SUITE 102
CITY-ST-ZIP ST. PAUL MN

TITLE DP ☐ DELETE
NAME EATON, MICHAEL
STREET ADDRESS 542 SNELLING AVENUE S., SUITE 102
CITY-ST-ZIP ST. PAUL MN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DSP ☒ Change ☐ Addition
1.2 NAME EATON, WENDY LERNER
1.3 STREET ADDRESS 542 SNELLING AVENUE SO, SUITE 102
1.4 CITY-ST-ZIP ST. PAUL, MN 55116

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

3.1 TITLE D/CEO ☒ Change ☐ Addition
3.2 NAME EATON, MICHAEL H
3.3 STREET ADDRESS 542 SNELLING AVENUE SO, SUITE 102
3.4 CITY-ST-ZIP ST. PAUL, MN 55116

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME STEIN, ROBERT E.
4.3 STREET ADDRESS 542 SNELLING AVENUE SO, SUITE 102
4.4 CITY-ST-ZIP ST. PAUL, MN 55116

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

MICHAEL H. EATON, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (651) 698-4502

Date

Daytime Phone #

CR2E034 (11/98)

0650707