

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90236 044 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000005699

1. Corporation Name
LUSTIG & CO., INC.



Principal Place of Business
 15551 SW 77TH AVE
 MIAMI FL 33157
 US

Mailing Address
 15551 SW 77TH AVE
 MIAMI FL 33157
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

34-1325074

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 **825 Parkside Cir N**

Suite, Apt. #, etc.

22

City & State

23 **Boca Raton, FL**

Zip

24 **33486**

Country

25 **USA**

2a. Mailing Address

26 **825 Parkside Cir N**

Suite, Apt. #, etc.

27

City & State

28 **Boca Raton**

Zip

29 **33486**

Country

30 **USA**

9. Name and Address of Current Registered Agent

LUSTIG, GREGORY J
 15551 SW 77TH AVE
 MIAMI FL 33157

81 Name

Lustig, Gregory J

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

825 Parkside Cir N

83

84 City

Boca Raton

FL

85 Zip Code

33486

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

Gregory J. Lustig
 Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

4/30/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
 NAME **LUSTIG, GREGORY J**
 STREET ADDRESS **15551 SW 77TH AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** ☐ DELETE
 NAME **LUSTIG, LAURA D**
 STREET ADDRESS **15551 SW 77TH AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **Address** ☒ Change ☐ Addition
 1.2 NAME **Lustig, Gregory J**
 1.3 STREET ADDRESS **825 Parkside Cir N**
 1.4 CITY-ST-ZIP **Boca Raton, FL 33486**

2.1 TITLE **Address** ☒ Change ☐ Addition
 2.2 NAME **Lustig, Laura D**
 2.3 STREET ADDRESS **825 Parkside Cir N**
 2.4 CITY-ST-ZIP **Boca Raton, FL 33486**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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:

Gregory J. Lustig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0200883