

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000006164 (4)

1. Corporation Name

LESBIANATION ENTERPRISES INCORPORATED

Principal Place of Business

15155 SW 44 ST.  
MIRAMAR FL 33027

Mailing Address

15155 SW 44 ST.  
MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0783113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4331 REFLECTIONS BLD. N.

Suite, Apt. #, etc.

22 #203

City & State

23 SUNRISE FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 4331 REFLECTIONS BLD. N.

Suite, Apt. #, etc.

27 #203

City & State

28 SUNRISE, FL

Zip

29 33351

Country

30 USA

9. Name and Address of Current Registered Agent

BESTENI, ALBA-MARIE  
15155 SW 44 ST.  
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name

BESTENI, ALBA-MARIE

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

4331 REFLECTIONS BLD. N. #203

83

84 City

SUNRISE

FL

85 Zip Code

33351

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BESTENI, ALBA-MARIE  
CITY-ST-ZIP 15155 SW 44 ST.  
MIRAMAR FL 33027

TITLE ☐ DELETE

NAME V  
STREET ADDRESS SHARF, DENISE C  
CITY-ST-ZIP 15155 SW 44 ST.  
MIRAMAR FL 33027

TITLE ☒ DELETE

NAME S  
STREET ADDRESS BESTENI, BARBARA A  
CITY-ST-ZIP 15155 SW 44 ST.  
MIRAMAR FL 33027

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4331 REFLECTIONS BLD. N. #203  
1.4 CITY-ST-ZIP SUNRISE, FL 33351-8333

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4331 REFLECTIONS BLD. N. #203  
2.4 CITY-ST-ZIP SUNRISE, FL 33351-8333

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.

SIGNATURE

*[Signature]*

4-16-98 954/117-7680

CR2E034 (10/97)