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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F97000006769 (0)

LANNET INC.

FILED Apr 15 1998 8:00am Secretary of State



| CORPORATION SERVICE COMPANY 12p1 HAYS STREET TALLAHASSEE FL 32301-2525 83 84 City FL 85 City FL 85 City FL 85 City FL 86 City | Principal Place of Business | Mailing Address | | r anderen tein billig bonen anzit antit notte Antit Antit Antit fonen altit indi | |
|--|---|-------------------------------------|-------------------------|--|-----------|
| 2. Principal Place of Business 2e, Mailing Address 3e 12/22/1997 4. Filt Number 1. Applied For 1. Not Applicable 12/22/1997 4. Filt Number 1. Applied For 1. Not Applicable 1. Not Appli | 150 KNOWLES AVENUE | 150 KNOWLES AVENUE | | | |
| 2. Principal Place of Business 2. Meling Address 1. 22 Meling Address 2. 2. Meling Address 3. Sole, April 4, etc. 2. Sole, April 4, etc. 3. Sole, April 4, etc. 4. Sole, April 4, | LOS GATOS CA 95032 | LOS GATOS CA 95032 | | DO NOT WRITE IN THIS SPACE | |
| 2. Moling Address 24. Moling Address 25. Moling Address 27. Moling Address 28. Moling Address 29. Moling | | | | | \neg |
| 22. Mailing Address 23. Mailing Address 23. Mailing Address 23. Mailing Address 24. Mailing Address 25. Cartificate of Satus Desired 25. Cartificate | | | | · · | |
| Sulfis Apt #, etc. Sulfis Apt #, etc. Sulfis Apt #, etc. | 2. Principal Place of Business | 2a. Mailing Address | | | - |
| Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. 27 | | | 670 | - i this was to | und de |
| CORPORATION SERVICE COUNTRY 28 | | | <u> </u> | \$8.75 Additional | ~ |
| City & State 20 | | | | I & Certificate of Status Desired I I ' | |
| 29 Country Zip 9 9 9 9 9 9 9 9 9 | | City & State | 4 | | \exists |
| 20 20 20 20 20 20 20 20 | 23 | 28 LOS CHA | tos CA | | |
| 28 29 75 0.5 30 U.S.A. Personal Proporty Tax due June 20 16 16 16 16 16 16 16 1 | | Zip / | | 8. This corporation owes or has paid the current year Intangible | |
| CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2525 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 627.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligatoris of, Section 607.0505, Horida Statutes. SIGNATURE Symbolic ligitation in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligatoris of, Section 607.0505, Florida Statutes. SIGNATURE Symbolic ligitation in the State of Florida, Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligatoris of, Section 607.0505, Florida Statutes. SIGNATURE Symbolic ligitation in the State of Florida, Such change was authorized by the corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligatoris of, Section 607.0505, Florida Statutes. SIGNATURE Symbolic ligitation in the State of Florida, Such change was authorized by the corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligatories of, Section 607.0505, Florida Statutes. 12. | 24 25 | ₂₉ 95031 | 30 USA | | |
| CORPUTATION SERVICE 120 HAYS STREET TALLAHASSEE FL 32301-2525 83 84 64 63 bit cell Address (P.O. Box Number is Not Acceptable) 85 87 88 89 89 80 80 80 80 80 80 80 | g, Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agent | \Box |
| TÂLLAHASSEE FL 32301-2525 83 44 City FL 85 Zip Code 11. Pursuant to the previsions of Sections 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes. SIGNATURE Signature, typed or previad mains of requiremed agent and their available. MORRIDE, BRIAN 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. INTEL MORRIDE, BRIAN 150 KNOWLES AVENUE 13. SIRECT ADDRESS CITY-51-72P LOS GATOS CA 95032 14. CITY-51-72P TITLE CFO DELETE 21. TITLE CFO DELETE 22. SIRECT ADDRESS CITY-51-72P TITLE CFO DELETE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LOS GATOS CA 95032 14. CITY-51-72P 150 KNOWLES AVENUE 25. SIRECT ADDRESS CITY-51-72P TITLE CFO DELETE 31. TITLE CFO DELETE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition Chan | CORPORATION SERVICE COMPA | NY . | 81 Name | | |
| TÂLLAHASSEE FL 32301-2525 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and membrane and accept the obligations of Section 607.0509. Florids Statutes. SIGNATURE Signature, typed or previol mains of registered agent and rear appointment as registered appoin | 1201 HAYS STREET | | 82 Street Add | iress (P.O. Box Number is Not Acceptable) | \dashv |
| 11. Pursuant to the provisions of Socilons 607.0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florids. Such changing 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 Territorian of registered agent and fore a septimization. (PICE Registered Agent signature required when retraining to the appointment as registered agent. I am familiar with a manufacture of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered of the agent and accept the obligations. I am familiar with a sequence of the appointment as registered agent. I am familiar with a sequence of the appointment as registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registered agent. 12. | | | | | |
| The 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 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, 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 agent and the florida statutes. In the provision of Scotion 607.0505, | | | 83 | | 7 |
| The 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 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, 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 agent and the florida statutes. In the provision of Scotion 607.0505, | • | | 94 City | IRE Zin Coda | \dashv |
| SIGNATURE Signature, typed or pretend ranne of registered agent aligneture required when teinstating) DATE | | | | FL ! ' | |
| SIGNATURE Signature, typed or pretend ranne of registered agent aligneture required when teinstating) DATE | 11. Pursuant to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statute | s, the above-named corp | poration submits this statement for the purpose of changing its registered | ٥ |
| SIGNATURE Signature, typed or pretent name of registered agent and into P ageithation (NOTE Registered Agent alignature required when retributing) DATE | agent. I am familiar with, and accept the obl | igations of, Section 607.0505, Flor | rida Statutes. | kilon's board of directors, i hereby accept the appointment as registered | 1 |
| 12 | | | | | - { |
| TITLE | Signature, typed or printed name of registered a | | | | |
| MARE STREET ADDRESS 150 KNOWLES AVENUE 13 STREET ADDRESS 14 DITY-ST-ZIP LOS GATOS CA 95032 14 DELETE 21 TITLE MARE 32 STREET ADDRESS 150 KNOWLES AVENUE 23 STREET ADDRESS 150 KNOWLES AVENUE 23 STREET ADDRESS 150 KNOWLES AVENUE 23 STREET ADDRESS 150 KNOWLES AVENUE 31 TITLE CPO DELETE 31 TITLE CPO DELETE 31 TITLE CPO DELETE 31 TITLE CPO DELETE 34 DITLE DO GATOS CA 95032 4 CITY-ST-ZIP LOS GATOS CA 95032 34 CITY-ST-ZIP CORRESS 150 KNOWLES AVENUE 33 STREET ADDRESS 150 KNOWLES AVENUE 44 DELETE 41 TITLE CPO DELETE 41 TITLE CPO DELETE 41 TITLE CPO DELETE 44 DITLE CPO DELETE 55 TITLE CPO D | | | | | _ { |
| STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE SD DELETE 21 TITLE DELETE 21 TITLE DELETE 23 STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE CFO DELETE 31 TITLE CFO DELETE 31 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 51 SK NOWLES AVENUE 42 SAMME 42 SAMME 42 SAMME 42 SAMME 42 SAMME 51 SOK NOWLES AVENUE 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE DELETE CHANGE GRAPHS Addition A | ' | L., DELETE | | 1 Change L Additio | u |
| CITY-S1-ZIP LOS GATOS CA 95032 114 CITY-S1-ZIP NAME MARCUS, DAVID STREET ADDRESS 150 KNOWLES AVENUE CITY-S1-ZIP CITY-S1-ZIP CFO DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-S1-ZIP LOS GATOS CA 95032 14 CITY-S1-ZIP CFO DELETE 3.1 TITLE CITY-S1-ZIP LOS GATOS CA 95032 3.4 CITY-S1-ZIP TITLE D DELETE 4.1 TITLE D DELETE 4.1 TITLE CITY-S1-ZIP LOS GATOS CA 95032 4.2 CITY-S1-ZIP TITLE D DELETE 4.1 TITLE CITY-S1-ZIP TITLE D DELETE 4.1 TITLE CITY-S1-ZIP TITLE D DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP TITLE D DELETE 5.1 TITLE D Change Addition Addition Addition Addition Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition | | | | | 3 |
| TITLE SD DELETE 21 TITLE | | | | | زا |
| MARCUS, DAVID | | - Locustic | | | -13 |
| STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE CFO DELETE 3.1 TITLE SALZMAN, MIKE STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 150 KNOWLES AVENUE 150 KNOWLES AVENUE LOS GATOS CA 95032 TITLE D D DELETE 4.1 TITLE D Change Addition NAME FLORENTZ, SHAHAR STREET ADDRESS ISO KNOWLES AVENUE LOS GATOS CA 95032 TITLE D D DELETE 4.1 TITLE D Change Addition NAME FLORENTZ, SHAHAR STREET ADDRESS LOS GATOS CA 95032 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 5TREET ADDRESS LOS GATOS CA 95032 4.4 CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS 150 KNOWLES AVENUE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition | | L_I DELETE | | Crange Additio | " |
| CITY-ST-ZIP | | | | | |
| TITLE CFO DELETE 3.1 TITLE | | | 2.3 STREET ADDRESS | | ĺ |
| NAME SALZMAN, MIKE 32 NAME STREET ADDRESS 150 KNOWLES AVENUE 33 STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 34. CITY-ST-ZIP TITLE D D DELETE 4.1 TITLE | | Lotier | | | 4 |
| STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE D NAME FLORENTZ, SHAHAR STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 150 KNOWLES AVENUE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 4.4 CITY-ST-ZIP LOS GATOS CA 95032 4.4 CITY-ST-ZIP LEVY, SHMUEL 5.2 NAME STREET ADDRESS 150 KNOWLES AVENUE 5.2 NAME STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS | | ∟J Utitit | a | L) Change LI Additio | л |
| DELETE LOS GATOS CA 95032 3.4. CITY-ST-ZIP Change Addition | | | | | |
| TITLE D DELETE 4.1 TITLE | | | | | |
| NAME FLORENTZ, SHAHAR STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE D LEVY, SHMUEL STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 DELETE 5.1 TITLE LEVY, SHMUEL STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 LOS GATOS CA 95032 DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change CANAME CONTACT CONTAC | | The etc | | Change Lade: a | = |
| STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE D LEVY, SHMUEL STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE D LEVY, SHMUEL STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE DELETE S.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 TITLE DELETE S.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change CA NAME STREET ADDRESS | 1 5 | <u>רי</u>) טבנבוב | | La Grange La Additio | " |
| CITY-ST-ZIP | | | 1 | | - |
| TITLE D DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS 150 KNOWLES AVENUE 5.3 STREET ADDRESS CITY-ST-ZIP LOS GATOS CA 95032 5.4 CITY-ST-ZIP TITLE | | | | | |
| NAME STREET ADDRESS LEVY, SHMUEL 150 KNOWLES AVENUE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition 6.2 NAME 6.3 STREET ADDRESS | | T nei ete | | Change I Addition | \exists |
| STREET ADDRESS LOS GATOS CA 95032 5.4 CITY-ST-ZIP LOS GATOS CA 95032 5.4 CITY-ST-ZIP Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS | | ☐ nereit | | | " |
| CITY-ST-ZIP LOS GATOS CA 95032 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS | | | | | |
| TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS | · | | | | - |
| NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS | | DELETE | | Change Addition | _ |
| STREET ADDRESS 6.3 STREET ADDRESS | <u> </u> | Fred Detroit | | □ cusinge □ Notified | " |
| | i | | | | |
| | | | | | |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 | | 31.41.5 (6 | | C | _ |

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 the analysis of the corporation of 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 the analysis of the corporation of 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 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 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 in 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 in 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 in the corporation 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 in the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corpo