Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90011 019 \*\*\*150.00 04-25-1999 90011 020 \*\*\*\*\*8.75

## 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

## DOCUMENT # F98000001060

1. Corporation Name

LARO SERVICE SYSTEMS INC

LANO OL	THAICE 2121 FIND INC.						8118 81)(1 8811 1 <b>88</b> 1
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Principal Place	e of Business	Mailing Address			(144,144,144,144,144,144,144,144,144,144		
271 SKIP LANE		271 SKIP LANE					
BAY SHORE NY 11706 BAY SHORE NY 11706				ĺ		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualife	ed	
					02/24/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			11-3184167		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5, Certificate of Status Desired	kA 7	5 Additional
22		27					Required
City & State	e	City & State			6. Election Campaign Financin	·     / / / / / / / / / / / / / / / / /	00 May Be ed to Fees
23		28	Country		Trust Fund Contribution		ed to rees
Zip	Country	Zip	30		<ol> <li>This corporation owes the corporation owes the corporation owes the corporation.</li> </ol>	Jirrent year intangible ☐ Yes	□No ·
24	9. Name and Address of Currer		30		10. Name and Address of New		
	9. Idame and Address of Ourier	it registered Agent	81	Name			
HAR	ARY, LEE CPA		100	-	Address (P.O. Box Number is Not Acce	ntable)	
	EAST AMELIA ST.		82	Street	Address (P.O. Box Number is Not Acce	равів)	
ORL	ANDO FL 32803		83				
			<u> </u>	<u> </u>		log 7	ip Code
		F 2	84	City		FL  85   2	ip Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named	corporation submits this statement for the	ne purpose of changing	its registered
							s registered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	or Florida. Such change was au ations of, Section 607.0505, Flori	tnonzed by da Statutes	the coro	oration's board of directors. I hereby acc		•
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	the corpo			
office or n agent. I a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori	da Statutes Registered Ager	the corpo	required when reinstating)	DATE	<del></del>
office or n agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age OFFICERS AN	ations of, Section 607.0505, Flori int and title if applicable (NOTE: ND DIRECTORS	Registered Ager	the corpo		DATE	CTORS IN 12
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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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS