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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## Jul 22 1997 8:00am Connetory of State

|  | 1997                         | THE STATE OF THE S |                         | CORPORATIONS  | Secretary of State   |
|--|------------------------------|--|-------------------------|---|--|
| DOCUMENT # H69030  |                              |  |                         |   |  |
|  | LE UP, INC                   |  | NI.                     |   |  |
| Principal Place of Business Mailing Address  1500 San Remo Aze 1500 San Remo Aze |                              |  |                         |   |  |
|  | 12 <b>5</b><br>Gables, FL 33 | 146 Cor  | te 125<br>al Gables, Fl | 33146   | Date Incorporated or Qualified   3a. Date of Last Report   |
| US   |                              | US   |                         |   | 07/29/1985 04/03/1995  |
| 2. Principal P   | lace of Business             | 26   | a. Mailing Address      |   | 4. FLI Number Applied For 59- 2560681 Not Applied by   |
| Suite, Apt   | #, etc                       | 27   | Suite, Apt. #, etc.     |   | 5. Cortificate of Status Desired See Required Fee Required   |
| City & Stat  | e                            |  | City & State            |   | 6. Election Campaign Financing \$5.00 May Be   |
| 23   | Countr                       | 26   | Z <sub>i</sub> p        | Country   | 1rust Fund Contribution  |
| 24 /   | 25                           | 29   |                         | 30  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔯 Yes 🗌 No   |
|  | 9. Name and Addre            | ess of Current Reg   | istered Agent           | 81 Name   | 10. Name and Address of New Registered Agent   |
|  |                              |  |                         | 1 1   | ATRIUM REGISTERED AGENTS, INC.   |
|  |                              |  |                         | 82 Street   | Address (P.O. Box Number is Not Acceptable)  1500 San Remo Avenue  |
|  |                              |  |                         | 83  |  |
|  |                              |  |                         | 84 City   | Suite 125  |
| 44.0   |                              |  | 007 4500 Ft Out         | 11  | Coral Cables FL   331/6  |
| office or r  | egistered agent, or both     | i, in the State of Flo   | rida, Such change was a | us, the above-hamed<br>authorized by the corp<br>arida Statutos | corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE  |                              | a. Stan  | v / Vice Pi             | resident A  | Atrium Registered Agents, Inc.   |
| by   | : Robert A                   | C'STAMENT  |                         | Hegistered Agent signature                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| 12.  | PD                           | FICENS AND DIN   | DELETE                  | 11301(  | Change   |
| NAME   | LOUGHLIN, R                  | OBERT  | <del>_</del>            | 1.2 NAME  | _ " _ "  |
| STREET ADDRESS   | 12950 Nev ad                 |  |                         | 13 STHEET ADDRESS   |  |
| CITY-ST-ZIP  | Coral Gable                  |  | 6                       | 14 CITY - ST - ZIP  |  |
| THLE   | VD                           | -,   | DELETE                  | 2 1 1111.6  | Change Addition C  |
| NAME   | LOUGHLIN, E                  | VELYNE   |                         | 2.2 NAME  |  |
| STREET ADDRESS   | 12950 Neved                  | a Str  |                         | 2 3 STREET ADDRESS  |  |
| CITY-ST-ZIP<br>TITLE   | -Coral Gable                 | e <del>, FL 3315</del>   | 6 DELETE                | 2 4 CHY-ST-ZII*   | Change Addition  |
| NAME   |                              |  |                         | 3 2 NAME  | Cosings Augmon 1   |
| STREET ADDRESS   | 12950 Nevad                  |  |                         | 33 STHELT ADDRESS   | •  |
| CITY - ST - ZIP  | Coral Gable                  |  | 6                       | 34 CiTY+ST-ZIP  |  |
| TITLE  | VS VS                        | <del></del>  | DELETE                  | 4111([  | Change Addition  |
| NAME   | LEVIN, HOLL                  | Y LOUGHLIN   |                         | 4 2 NAME  |  |
| STREET ADDRESS   | 12950 Nev ad                 |  |                         | 4.3 STREET ADDRESS  |  |
| CITY-ST-ZIP  | Coral Gable                  | s, FL_3315   | 6                       | 4.4 CITY-\$1 - ZIF  |  |
| TOLE   |                              |  | ☐ DELĒTĒ                | 5111()  | L.d Change LN Addition   |
| NAME   |                              |  |                         | 5.2 NAME  | (V)  |
| STREET ADDRESS   |                              |  |                         | 5.3 STREET ADDRESS  <br>5.4 City St-7ip                         | 1/22   |
| CITY - ST - ZIP<br>TITLE   |                              |  | Dillite                 | 61 111(   | Change   |
| NAME   |                              |  |                         | 62 NAME   | 300002244455<br>-07/22/9701119028<br>***550.00   |
| STREET ADDRESS   |                              |  |                         | 63 STREET ADDRESS   | -07/22/9701119028  |
| CITY-ST- <b>Z</b> IP   |                              |  |                         | € 4 C/1Y - S1 - Z/P   | ***55U.UU  |

14. Ido 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 first 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 each, 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 filock 13 if changed, d on an attachment with an address.