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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

LORI-GOLD ENTERPRISES, IN		
Principal Place of Business	Mailing Address	I TORKITO BUTA OBIOD CITTO TOTAL DIGIT TORS DIGIT REDIT CIRIL DIGIT
1410 CLEVELAND RD MIAMI REACH EL 33141	1410 CLEVELAND RD MIAMI BEACH FL 33141-1715	

## **FILED** May 05 1997 8:00am Secretary of State

MINMI DENV	1176 00141	million periodi i e verti					
				3. Date Incorporated or Qualified 03/12/1986	3a. Date of 05/01/1	ite of Last Report 01/1996	
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2644972		Not Applicable	
Suite, Ar	ot #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Regulred	
City & St	ate	City & State		6. Election Campaign Financing	<del></del>	5,00 May Be	
23		28		Trust Fund Contribution		Added to Fees	
Zip	Country	Zip *	Country	8. This corporation has liability fo	r intangible tax u	nder s. 199.032,	
24	25	29	30	Florida Statutes	Yes 🔲 No		
	9. Name and Address of Cu	rrent Registered Agent		10, Name and Address of New R	egistered Agen	1	
	LICKMAN PHILLIP		81 Name	•		•	
	5 IVES DAIRY RD 6103		82 Street	Address (P.O. Box Number is Not Accepta	able)		
N	MIAMI BCH FL 33179						
			83				
			84 City		85	Zip Code	
					FL	·	
SIGNATURE			NOTE Registered Agent signatul	d corporation submits this statement for the rporation's board of directors. I hereby acci	DATE		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12	
TITLE	DP	DELETE	1.1 TATLE			change Additio	
NAME	GOLDBERG, TRINA P.		1.2 NAME				
STREET ADDRES			1.3 STREET ADDRESS				
CITY-S1-2IP	MIAMI BEACH FL		1.4 CITY - ST - ZIP				
TILLE	D	☐ DELETE	2.1 TITLE		Lic	Change 🔲 Additio	
NAME	LORING, NANCY		2.2 NAME				
STREET ADDRES	s 1410 CLEVELAND RD MIAMI BEACH FL		2.3 STREET ADDRESS				
CITY-ST-7IP	MIAMI DEACH FL	DELETE	2.4 CITY - ST - ZIP	*		Change	
TIFLE		□ perese	3.1 TITLE 3.2 NAME		L 1	heithe T Whole	
NAME EXPERT ASSOCIA			3.2 NAME 3.3 STREET ADDRESS			•	
STREET ADDRES	00		3.3 STREET AUDITESS				
City St. ZiP		DELETE	4.1 TITLE			Change	
NAME		-	4. 2 NAME		<del></del>	• –	
STREET ADDRES	s		4.3 STREET ADDRESS				
C(TY-ST-Z)P			4.4 CITY-ST-ZIP				
TILLS		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRES	S (		5.3 STREET ADDRESS				
City - St - ZiP			5.4 CITY-ST-ZIP				
TITLE	A Salar contaminant property of the Contaminant property o	☐ DELETE	6.1 TITLE			Change 🔲 Additii	
NAMI			6.2 NAME				
STREET ADDRES	is [		6.3 STREET ADDRESS				
CITY-S1-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 33 if changed, or on an attachment with an address.