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

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90024 002 ***150.00

DOCU	MENT # J17286				
1. Corporation	n Name				
LOIS' C	OLLECTIONS, INC.				######################################
1					
Depoined Place	e of Puninger	Mailing Address			Eleti eleti eleti bibli eleti ibel
Principal Plac		-			
619621 E. LAS OLAS BLVD. 619621 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301					
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
		·		05/30/1986	
		2a. Mailing Address		4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		26 Suite Ant # etc		59-2682394	Not Applicable \$8.75 Additional
		⊢ ¬ '''		5. Certifcate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29	30	Personal Property Tax.	ŬYes ☑₩o
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
con	IRELLO LOIC		81 Name		
SORBELLO, LOIS 619-621 E LAS OLAS BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33301-9234					
LI EVODEUDYTE LE 2000 1-3504			83		
	•		84 City		85 Zip Code
				F	
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 printegrname of registered agent	and the if applicable (NOTE: 6	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
πιε	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SORBELLO, LOIS		1.2 NAME	*	
STREET ADDRESS	623 E. LAS OLAS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		<u> </u>
TITL€	ST	' DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME . ~	SORBELLO, LOIS		2.2 NAME	- Asse	
STREET ADDRESS	623 E. LAS OLAS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY+ST-ZiP		Change Cl Addition
TITLE	and the same of th	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ļ
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		_ ,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS	Report State of the State of th		5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	Personal Control of the Control of t	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME ,'			6.2 NAME		
STREET ADDRESS	, ·		6.3 STREET ADDRESS		į

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS