Applied For

\$8.75 Additional

Fee Required

Not Applicable

## 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 # J35057

1. Corporation Name

LOREN INDUSTRIES, INC.

Principal F	Place of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2801 GREENE STREET HOLLYWOOD FL 33020 2801 GREENE STREET HOLLYWOOD FL 33020

2a. Mailing Address

Suite, Apt. #, etc.

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## May 07, 1999 8:00 am Secretary of State

05-07-1999 90054 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

09/25/1986 4. FEI Number

13-2735999

City & State City & State				6. Election Campaign Financing	<b>7</b>	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip Counti			8. This corporation owes the current year		_	
24	25	29 30		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.		□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent		
GOLDSTEIN, DONALD 2801 GREENE ST			81	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020								
HOLLTWOOD FL 33020		83				1		
Section 2.4 mg			84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named c	corporation submits this statement for the purpos	e of changing its r	registered	
office or o	egistered agent, or both, in the State of p familiar with and accept the obligation	Florida. Such change was auth	orized by	tne corpo	ration's board of directors. I hereby accept the a	opointment as reg	Jistered	
	Dodawy IV	Tost	dont		4/:	30/99	]	
SIGNATURE	Sgnature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	GOLDSTEIN, JACK		1.2 NAME					
STREET ADDRESS	12900 SW 33RD AVE		1.3 STREET	ADORESS				
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST	r-ZIP				
TITLE	PD -	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	GOLDSTEIN, DONALD		2.2 NAME					
STREET ADDRESS	3403 BRIDGE ROAD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		2. 4 CITY-S	T-ZIP				
TITLE	D .	☐ DEFELE	3.1 TITLE	1		Change	☐ Addition	
NAME	GOLDSTEIN, ALAN		3.2 NAME					
STREET ADDRESS	490 SABAL WAY		3.3 STREET	ADDRESS				
CITY-ST-ZIP	T-ZIP FT LAUDERDALE FL 3.4. CI		3.4, CITY- S	T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE	i		Сhange	☐ Addition	
NAME	GOLDSTEIN, RICHARD		4.2 NAME				}	
STREET ADDRESS	7110 WHISPERING WINDS DR		4.3 STREET	ADDRESS				
CITY-ST-ZIP	AUSTIN TX		4.4 CITY-ST	r-ZIP				
TITLE	CD	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	MONTELEONE, RAY		5.2 NAME					
STREET ADDRESS	3965 N. 32ND TERRACE		5.3 STREET	ADDRESS			\	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST	r-ZiP				
TITLE	Т	<b>™</b> DELETE	6.1 TITLE		V	Change	Addition	
NAME	NEWMAN, PAUL		6.2 NAME		Rubin, Laurence			
STREET ADDRESS	7596 NW 60TH LANE				1005 Mango Isle			
	PARKI AND EL 33067		64 CITY-ST	-7IP	Ft Loudoudale FL 33315		1	

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, program with an address, with all other like empowered.

SIGNATURE: