Applied For Not Applicable

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K43949**

1. Corporation Name

JEFFREY A. LUTIN, INC.

Principal Place of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
21301 POWERLINE ROAD SUITE 309 BOCA RATON FL 33433	10346 NW 5 CT Coral Springs FL 33071 US					DO NOT WRITE IN TH	IS SPACE	<u> </u>
					3.	11/08/1988		
2. Principal Place of Business	2a. Mailing Address				4.	FEI Number		Applied For
21 7-84 W. PALMETTO					"	65-0080092		Not Applicat
Suite, Apt. #, etc. FARK K		-	_	~ 	5.	Certificate of Status Desired		7.5 Additional se Required
City & State 23 BOCA KATON FL	City & State	, , , , , , , , , , , , , , , , , , ,			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip Country 24 32433 [25]		Country	/		8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes	
9. Name and Address of Cur	rent Registered Agent				10.	Name and Address of New Registere	d Agent	
LUTIN, JEFFREY		81	L	Name				
21301 POWERLINE ROAD SUITE 309 BOCA RATON FL 33433		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83	1		;		·	
BOOK INTOR TE COTO		84		City		F	85	Zip Code

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 printed name of registered agent and title if applicable. (NO	E: Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUTIN, JEFFREY A.	1.2 NAME	
STREET ADDRESS	21301 POWERLINE RD, #309	1,3 STREET ADDRESS	7284 N. PALMETTO PARK RD#206
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	7×84 W. PALMETTO PARK RD #>06 BOCA RATION, FL 33433 Change MAddition
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	•
STREET ADDRESS		3.3 STREET ADORESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	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 TMLE	. Change Addition
NAME		: 5.2 NAME	,
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TO ACCULATION DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	•
STREET ADDRESS		6.3 STREET ADDRESS	
CITY OF ZID		6.4 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.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #