# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:01

DOCUMENT # **K43985** **(6)**

1. Corporation Name

**L & A REALTY CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| % ABRAM LEWKOWICZ<br>9410 N.W. 72ND STREET<br>TAMARAC FL 33321 | % ABRAM LEWKOWICZ<br>9410 N.W. 72ND STREET<br>TAMARAC FL 33321 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1988
3a. Date of Last Report: 03/18/1994

4. FEI Number: 65-0088256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 427 Golden Isles Drive | 26 427 Golden Isles Drive |
| Suite, Apt. #, etc.<br>22 Apt. 16I | Suite, Apt. #, etc.<br>27 Apt. # 16 I |
| City & State<br>23 Hallandale, Florida | City & State<br>28 Hallandale, Florida |
| Zip / Country<br>24 33009 / 25 | Zip / Country<br>29 33009 / 30 |

9. Name and Address of Current Registered Agent

**LEWKOWICZ, ABRAM**
**9410 N.W. 72ND STREET**
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent

31 Name: Abram LewKowicz
32 Street Address (P.O. Box Number is Not Acceptable): 427 Golden Isles Drive
33 Apt. 16I
34 City: Hallandale 35 FL 36 Zip Code: 33009

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 _____ DATE _____
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | DP ☑ Change ☐ Addition |
| NAME | LEWKOWICZ, ABRAM | 12 NAME | LewKowicz, Abram |
| STREET ADDRESS | 9410 N.W. 72ND STREET | 13 STREET ADDRESS | 427 Golden Isles Drive Apt. 16I |
| CITY ST ZIP | TAMARAC FL | 14 CITY ST ZIP | Hallandale, Florida 33009 |
| TITLE | D | 21 TITLE | D ☑ Change ☐ Addition |
| NAME | LEWKOWICZ, MIRIAM | 22 NAME | LewKowicz, Miriam |
| STREET ADDRESS | 9410 N.W. 72ND STREET | 23 STREET ADDRESS | 427 Golden Isles Drive Apt. 16I |
| CITY ST ZIP | TAMARAC FL | 24 CITY ST ZIP | Hallandale, FL 33009 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I declare that I have examined the information supplied with this filing, is voluntarily furnished and 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.

**SIGNATURE:** _____ 3/27/98
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E010 CP