

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:23

DOCUMENT # K54191

(7)

1. Corporation Name

LUCKY STAR PROPERTIES II, INC.

Principal Place of Business

**5448 ASCOT BEND
~~1435 FOREST HILL BLVD. FC~~
BOCA RATON FL 33496
US**

Mailing Address

**5448 ASCOT BEND
~~1435 FOREST HILL BLVD. FC~~
BOCA RATON FL 33496
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1988

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0100195

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

21 5448 ASCOT BEND

2a. Mailing Address

26 5448 ASCOT BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL.

City & State

28 BOCA RATON, FL.

Zip

24 33496

Country

25 USA

Zip

29 33496

Country

30 USA

9. Name and Address of Current Registered Agent

**GLUCKSTERN, ALLAN J.
5448 ASCOT BEND
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	GLUCKSTERN, ALLAN J.
STREET ADDRESS	5448 ASCOT BEND
CITY - ST - ZIP	BOCA RATON FL
TITLE	VSD
NAME	GLUCKSTERN, EVELYN
STREET ADDRESS	5448 ASCOT BEND
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN J. GLUCKSTERN

PRES.

2/10/95

407-997-2990

Date

Telephone #