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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75401

 Corporatio 	n Name	•			
LUBIN S	SALES COMPANY INC.				
Principal Plac	e of Business	Mailing Address			ITUST KINTI OCUTA UTUST DIOST DIOTI AUDI
109 BAYVIEW	SUITE A	P.O. BOX 965			
OLDSMAR FL 34677 US US US				DO NOT WRITE IN	THIS SPACE
U\$ U\$			Date Incorporated or Qualifed	·	
				03/24/1989	
Principal Place of Business 2a. Mailing Address		*	4. FEI Number	Applied For	
21		26	,	38-2641247	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75. Additional
22		City & State			Fee Required
City & Stat	le	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Cu		1,1,1,1	10. Name and Address of New Registe	red Agent
1.1.0	IN CHOCKE	3 2	81 Name	<u>.</u>	
LUBIN, EUGENE L.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	SMAR FL 34677			 Landing to the property of the pr	erman meller annere er mit græner megte erme.
OLD	ONIAIT I E OTO!!		83		
			84 City	record to the record to Abilia Part	85 Zip Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508 Florida Statu			FL se of changing its registered
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statu tate of Florida. Such change was a	tes, the above-named cor	poration submits this statement for the purpos	e of changing its registered
office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the Stim familiar with, and accept the ob	.0502 and 607.1508, Florida Statu tate of Florida. Such change was a bligations of, Section 607.0505, Flo	tes, the above-named cor		e of changing its registered
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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 suppliemental 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:

STREET ADDRESS

813-855-8854

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90018 003 ***150.00