**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90049 007 \*\*\*150.00

## DOCUMENT # K98191

1. Corporation Name :

LALJI, INC.

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Principal Place	of Business	Mailing Address	/e= -= ==					
1900 S. FEDERAL HWY. FT. LAUDERDALE FL 33316-3549  1900 S. FEDERAL HWY. FT. LAUDERDALE FL 33316						DO NOT WRITE IN THIS SPACE		
			٠			3. Date Incorporated or Qualifed 06/26/1989		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0136588		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional tequired
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip 25 29			Country		This corporation owes the current year In     Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		ļ.,		10. Name and Address of New Registered	Agent	
			•	81	Name			
PATEL, DANYANTI 1900 S. FEDERAL HIGHWAY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT L	AUDERDALE FL 33309		~ ,	83				
		منتشره هري رسيدري	7	84	City ——		85 Zip	Code .
حقاره بيحسيس.			٠	ll	•	FL		
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida. Such change was	s aumonzeo	JOYLI	named corpo he corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its intment as re	s registered egistered
SIGNATURE								
	Signature, typed or printed name of registered ager			Agent	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	D DELETE			1.2 NAME				_
NAME	PATEL, DANYANTI 1900 S. FEDERAL HIGHWY			1.3 STREET ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	FI. DAUDERDALE FE	DELETE		2.1 TITLE			Change	Addition
NAME				22 NAME				
STREET ADDRESS					ADDRESS			
l				XTY-ST	1			
CITY-ST-ZIP TITLE		☐ DELETÉ	3.1 🏗				Change	☐ Addition
NAME			3.2 N					
STREET ADDRESS			3.3 \$	TREET	ADORESS			
CITY-ST-ZIP				TY-ST	i			•
TITLE		☐ DELETE	4.1 11			,-	☐ Change	Addition
NAME	المسادي المحدد المالي المحدد	<del>-</del>	4.21	IAME		<del>-</del>		
STREET ADDRESS			4.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP			4.4 C	ITY-ST-	.ZIP	<u></u> :		
TITLE		☐ DELETE	5.1 Ti				☐ Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADORESS			
CITY-ST-ZIP			5.4 C	ITY-ST-	-ZIP			
TITLE		☐ DELETE	6.1 ग	ITLE			☐ Change	Addition
NAME			6.2 N	AME	j			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP