SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 16 AM 11:42

DOCUMENT # **L02106** **(7)**

1. Corporation Name

LORI PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8498 STATE ROAD 84 DAVIE FL 33324	8498 STATE ROAD 84 DAVIE FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 04/25/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 65-0132682 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc: #	27 Suite, Apt. #, etc	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State: Ft Laud FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip: 33326 25 Country: BROWARD	29 Zip	30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WADDICK, LORI
8498 STATE ROAD 84
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 16534 SADDLE Club Rd

83

84 City: Ft Laud FL 85 Zip Code: 33326

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, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Additional Officers to be Added, Deleted or Changed	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WADDICK, LORI	12 NAME	
STREET ADDRESS	16534 SADDLE CLUB ROAD	13 STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL 33326	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WADDICK, JEFFREY	22 NAME	
STREET ADDRESS	16534 SADDLE CLUB ROAD	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33326	24 CITY ST ZIP	
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	

CR2E034 (3/95)

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 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: Lori Waddick President 6-12-95 3848417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007M97