PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L04887

1. Corporation Name

LUCKY INC.

	·							, II dini dini di	 	
Principal Place	e of Business	Mailing Add	ress							
C/O JANICE EMBREY C/O JANICE EMBREY						**				
3100 GULF BLV	-		LVD APT 233			DO NOT WE!	TE IN THIS	SDACE		
BELLEAIR BEACH FL 33786 BELLEAIR BEACH FL 34634 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
		00			÷	07/26/1989				
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Ap	plied For	
24		26				59-3015024		No	t Applicable	
Suite, Apt.	#, etc.	· 	ot. #, etc.			a Continue of Status Basinad	0	\$8.75 A	Additional	
22		27				5. Certifcate of Status Desired	U	Fee Re	quired	
City & State	<u> </u>		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Cod	untry		8. This corporation owes the curr	ent year Inta	angible		
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of		ent			10. Name and Address of New F	Registered /	Agent		
				81	Name					
	REY, JANICE			82	Etropt Add	roce (P.O. Roy Number is Not Accents	hla)			
3100	GULF BLVD.		<u>'</u>			Street Address (P.O. Box Number is Not Acceptable)				
APT.	233			83		· ·				
Bell	_EAIR BCH. FL 34634			\square				1-1 -		
	•			84	City		FL	85 Zip (Doge	
44 Burguent	to the provisions of Sections 6	07 0502 and 607 1508	Florida Statutes, the a	above	-named corr	poration submits this statement for the	nurnose of	changing its	registered	
office or r	edictored exent or both in the	State of Florida, Such i	:hange was authorize	d by i	the corporati	on's board of directors. I hereby accep	ot the appoir	itment as re	gistered	
,agent. I a	m familiar with, and accept the	e obligations of, Section	507.0505, Flonda Sta	tutes.		<u> </u>				
SIGNATURE	Signature, typed or printed name of regist	to and the if continoble	/NOTE: Pegistore	vi Agent	t eignatura reguitt	ed when reinstating)	DATE			
12.		RS AND DIRECTORS	13.	_	signature roq	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	D			TILE				Change	Addition	
NAME	EMBREY, JANICE		1	NAME						
	MAGO CHIE DIVID ADT	233	1		ADDRESS	•				
STREET ADDRESS	BELLEAIR BCH. FL 3378			CITY-ST	1					
CITY-ST-ZIP	DEEDLANT DOTT. TE COTO			TITLE	1-211-	-		Change	Addition	
TITLE				VAME	ļ			_ ,		
NAME	,				10000000					
STREET ADDRESS	-				ADDRESS					
CITY-ST-ZIP	<u></u>			CITY-S'	I-ZIP			☐ Change	Addition	
TITLE										
NAME			~~~	NAME		•				
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP			Change	Addition	
TITLE				ΠLE					[m] 400/0011	
NAME	"			NAME		•				
STREET ADDRESS		,	4.3 9	STREET	ADDRESS					
CITY+ST-ZIP				CITY-ST	T-ZIP			F) (>	F=1 8 4 414	
TITLE				TITLE				Change	Addition	
NAME		<u> </u>	7	NAME =						
STREET ADDRESS					FADDRESS	-				
CITY-ST-ZIP				CITY-S1	T-ZIP					
TITLE				TITLE				☐ Change	Addition	
NAME			6.2 !	NAME	-					
STREET ADDRESS	;		6.3 5	STREET	T ADDRESS					

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 and attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90044 037 ***150.00