

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32963 (5)

1. Corporation Name
LARVEN, INC.



Principal Place of Business

C/O KAHN WAXMAN & TAUB, P.C.
2101 CORPORATE BLVD.
BOCA RATON FL 33431-7843
US

Mailing Address

KAHN WAXMAN & TAUB
60 E 42 ST
NEW YORK NY 10165
US

DANIEL TAUB
13546 CROSSPOINTE
DRIVE
PALM BCH Gdns,
FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 DAN TAUB
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 13546 CROSSPOINTE DR
City & State

27 City & State

23 PALM BCH Gdns FL
Zip Country

28 Zip Country

24 33418
25

29 30

3. Date Incorporated or Qualified

11/30/1989

4. FEI Number

11-2993587

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAHN WAXMAN & TAUB PC
2101 CORPORATE BLVD.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name DANIEL TAUB
82 Street Address (P.O. Box Number is Not Acceptable)
13546 CROSSPOINTE DRIVE
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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 Daniel A. Taub

7/14/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TAUB, DANIEL A.	
STREET ADDRESS	13546 CROSS POINTE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAUB, BLANCHE Y. L.	
STREET ADDRESS	13546 CROSS POINTE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAUB, IVEN R.	
STREET ADDRESS	12 DANTE ST.	
CITY-ST-ZIP	LARCHMONT NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TAUB, LAWRENCE S.	
STREET ADDRESS	1447 SEVILLE RD.	
CITY-ST-ZIP	SANTE FE NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: DANIEL A. TAUB

SIGNATURE: Daniel A. Taub

7/14/98

521-6947

CR2E034 (5/98)