FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36758

(5)

FILED Apr 02 1998 8:00am Secretary of State

L&C	DEVELOPMENT CORPORAT	TION								
		A A 'P A state -				I KOOLKON OOD IKKIB ORKK UUDAN AKIDE O		AKUK UIBM UIBM		
Principal Place of Business		Mailing Address								
3900 NORTH 45TH AVE NUE HOLLYWOOD FL 33021		3900 NORTH 45TH AVE NUE HOLLYWOOD FL 33021								
11000	16 00061	HOLEHHOOF TE COOL			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified]
						12/15/1989				╛
	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For	┨
21		26	<u> </u>			65-0177958		-!	t Applicable	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22 City & State		City & State	City & State			- F/ *: C			·	+
23	3	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
Zip	Country		Zip Country			8. This corporation owes or has pa				1
24	25 29 30			·		Personal Property Tax due June			No	
	9. Name and Address of Curren					10. Name and Address of New Re	gistered A	gent]
SE	LIGMAN, LEE			81	Name					ı
39	00 N. 45 AVENUE			82	Street Addres	ss (P.O. Box Number is Not Acceptab	ole)			1
но	OLLYWOOD FL 33021		الم الم			,				1
				83						
ļ				84	City			85 Zip C	Code	1
				1 1	•		<u>FL</u>	1 1		_
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the al authorize	bove- d by t	named corpo the corporatio	ration submits this statement for the p n's board of directors. I hereby accep	Jurpose of at the appr	changing its sintment as	s registered registered	
agent. I a	m familiar with and accept the obliga	ations of, Section 607.0505, Flo	rida Stat	tutes.			تا لہ	-~	-	
SIGNATURE	Signature of a Cor presided name of regishered due	(1)					امدير	78		
12.	Signature, 4), at or present a name of registered age OFFICERS AN		: Registere	d Agen	t signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12	∃ €
TITLE	TPD OFFICERS AND	DELETE	1.1 Ti	ITLE		ADDITIONAL TO STATE	<u> </u>	Change	Addition	†₹
NAME	SELIGMAN, LEE			1.2 NAME						3
STREET ADDRESS	3900 NORTH 45TH AVE.		1.3 STREET ADDRESS		DORESS					8
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-		-ZIP					Š
TITLE	SV	☐ DELETE	2.1 TI	ITLE				Change	Addition	77
NAME	seligman, lee			2.2 NAME						
STREET ADDRESS	3900 NORTH 45TH AVE.		2.3 S	TREET A	uddress					ı
CITY-ST-ZIP	HOLLYWOOD FL		2.40	2. 4 CITY-ST-ZIP						╛
TITLE		DELETE 3.1		ITLE				Change	Addition	1
NAME			3.2 NAME							
STREET ADDRESS			3.3 \$	TREET A	ODRESS					ı
CITY-ST-ZIP		······································		CITY-ST	- ZIP				- 1 K 1 PH	4
TITLE		☐ DELETE	4.1 Ti					Change	Addition	1
NAME				NAME						1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		ITY-ST	- ZIP			Change	Addition	\exists
TITLE			5.1 TI 5.2 N		1			Unango		
NAME CONFEST ADDRESS			1		ADDRESS					
STREET ADDRESS			1							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI	ITY-ST	* <u>41</u> F			Change	Addition	\exists
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				HTY-ST	į.					
	Learning that the information supplied w	ith this fiting does not qualify for				ection 119.07(3)(i). Florida Statutes. I	further ce	rtify that the	information	┪

I nereby 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 informatio 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 of an attachment with an address.