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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45457

(3)

LARJEN, INC.

FILED Apr 25 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				TERLINIA DIA DISALI BINTI DIRECI DINI 1889 D		1811 VIB II	Digit IDEI			
16 NW 110TH TER CORAL SPRINGS FL 33071		% Helene F. Halpern 316 NW 110TH TER Coral Springs Fl 33071-8129								
						3. Date Incorporated or Qualified 01/22/1990	3a. Date o 05/01/		epon	
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number			oplied For	
21	· · · · · · · · · · · · · · · · · · ·	26				65-0231171	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	Country 8. This corporation has liability for intangible tax under s.			. 199.032,			
24	25	29	30				Yes N			
	9. Name and Address of Curren	nt Registered Agent		81	NI	10. Name and Address of New Reg	istered Age	<u></u>		
	PERN, HELENE F.			°'	Name				ł	
	NW 110TH TER			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
COF	RAL SPRINGS FL 33071									
		•		83 84	City		[o.	- 1 7in	Code	
				54	City		FL 85	, Zib i	Lode	
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	Signature, typed or printed name of registered ago	ent and title if applicable (NOI	F: Rugistered	d Age	ni signaturo require	od when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIF	ECTOF	3S IN 12	
TITLE	D	☐ DELETE	1.1 H	ILE .				Change	Addition	
NAME	HALPERN, HELENE F.		1.2 NA	AME					<u> </u>	
STREET ADDRESS	316 NW 110TH TER		1.3 \$7	REFT	ADDRESS				1	
ÇITY-ST-ZIP	CORAL SPRINGS FL		1.4 CI	1.4 CITY+ST-ZIP						
TITLE	D	DELETE	DELETE 2.1 TH					Change	Addition C	
NAME	HALPERN, EDWARD		22 N/	22 NAME					l	
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NAME			3.2 NA	ME						
STREET ADDRESS			3.3 \$1	RECT	ADDRESS					
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NAME			5 2 NA							
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CITY-ST-ZIP		T bries	5.4 CI		1 - ZIP			Chanca	Addition	
TITLE		☐ DELETE	6.1 TI		-		LJ	Change	Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI	1Y-S	T-7IP					

14. I do 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.