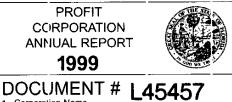
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name LARJEN, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90216 044 \*\*\*150.00



								/	61 <b>8</b> 11 2141 117		1	
Principal Place	of Business	Mailing Address					1 18917211 011 51051 01111 01001 0111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,		
% HELENE F. HALPERN												
316 NW 1107H CORAL SPRING		316 NW 110TH TER CORAL SPRINGS FL 3307				DO NOT WRITE IN THIS SPACE						
							Incorporated or Qualifed 22/1990					
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI I			TIT	App ied Fo	or	
21		<u> </u>	26				65-0231171 Not Applic			able		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					fcate of Status Desired		\$8.75 Aciditional Fee Required			
City & S'ate		City & State			6 Floor	tion Campaign Financing			00 May Be			
23		28	28			Trust Fund Contribution Added to Fees						
Zip			_	Country		8. This corporation owes the current year Intangible Personal Property Tax.			EFINI			
24	25 29 30					Personal Property Tax. Yes I						
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Nam	ie and Address of New Ki	agistere 1	Ageill			
HALF	PERN, HELENE F.		Į.									
316 NW 110TH TER				82	Street Addr	ress (P.O. B	ox Number is Not Acceptal	ole)				
COR	AL SPRINGS FL 33071			83								
			Ì	84	City			FL	<b>85</b> Zi	ip Code		
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statu es	the ab	oove-	-named corp	oration sub	mits this statement for the p	ournose of	f changing	its register	red	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblid	e of Florida. Such change was autt	norized	by t	he corporation	on's board o	f cirectors. I hereby accept	the appo	intment as	registered		
	in familiar with, and accept the oblig	gations or, Section 607:0303, Filend	a Glatt	nes.							Ì	
SIGNATURE	Signature, typed or printed haine of registered as	gent and title if applicable (NOTL. R	egistered	Agent	signature require	ed when reinstate	ng)	DATE			- ]	
12.		ANC: DIRECTORS	13.			ADDI	TIC NS/CHANGES TO OFF	ICERS / I	ND DIREC	TOFS IN 1	12	
TITLE	D	☐ DELETE	1.1 TH	lΕ					Chang	ge 🗌 Ad	ddition	
NAME	HALPERN, HELENE F.		1.2 NAME									
STREET ADDRESS	16 NW 110TH TER 1.3		1.3 ST	1.3 STREET ADDRESS							i	
CITY-ST-ZIP	CORAL SPRINGS FL		1401	TY-ST-	-ZIP							
TITLE	D	☐ DELETE	2.1 TIT	ΊE					Chang	ge 🔲 Ad	dition	
NAME	HALPERN, EDWARD		2.2 NAME									
STREET ADDRE 3S	316 NW 110TH TER		2.3 ST	REET	ADDRESS						ľ	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CF	TY-ST	:-ZIP							
TITLE		☐ DELETE	3 1 TIT	LE			<del></del>		Chang	ge 🔲 Ad	ddition	
NAME			3.2 NA	ME								
STREET ADDRESS			3.3 ST	REET	ADDRESS							
CITY-ST-ZIP			34 CI	TY-ST	- ZIP						1.00	
TITLE		☐ DELETE	4.1 TIT	ΠE					Chang	ge ∐_Ad	ddition	
NAME			4. 2 N	AME								
STREET ADDRE 3S			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CIT	TY-ST	-ZIP							
TITLE		☐ DELETE	5.1 TIT						☐ Chang	je ∐Ad	ddition	
NAME			5.2 NA								}	
STREET ADDRESS			1		ADDRESS						-	
CITY-ST-ZIP			5.4 CIT		- ZIP						1.155	
TITLE		☐ DELETE	6.1 T!T						Chang	ge ∐ Ad	ddition	
NAME			6.2 NA		}						ļ	
ATTECT ADDEC :-			63 ST	DEET.	ADDRESS						J	

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 suppliemental 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 attach ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP