FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)

FILED Jan 29 1998 8:00am Secretary of State

	LNW,	INC.						
Principal Place of Business Mailing Address								944 BIENI OLON ÖLELI ÖNEN ÖNNU 1084
410 SW 11TH STREET 410 SW 11TH STREET HALLANDALE FL 33009 HALLANDALE FL 33009							DO NOT WRITE IN	THIS SPACE
							3. Date Incorporated or Qualified	
							01/25/1990	
_	Principal P	lace of Busi	ness	2a, Mailing Address			4. FEI Number	Applied For
21				26			65-0166985	Not Applicable
<u> </u>	Suite, Apt.	#, 0 1C.		Suite, Apt. #, etc.	h ' ' '		5. Certificate of Status Desired	\$8.75 Additional
22	City & Stat	<u> </u>		City & State	Cily & State			Fee Required
23	Oily G Stat			28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Zip	Country Zip			Country			710000101000
24			25	⊢	30		This corporation owes or has paid the Personal Property Tax due June 30.	ne current year Inlangible No
 -		9. Name	and Address of Curre		[30]		10. Name and Address of New Registe	
ROBERT A. THOMPSON, P.A. 3350 EAST ATLANTIC BLVD. #300						Name		
	POMPANO BEACH FL 33062					Street Ad	dress (P.O. Box Number is Not Acceptable)	
			D 1011 1 D 0000E		83			
					<u></u> ,			
					64	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t						-named co	rporation submits this statement for the purpo	ose of changing its registered
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 regional confice 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								appointment as registered
i	GNATURE		- · · · · · · · · · · · · · · · · · · ·					
١٥١		Signature, typed	or printed name of registered age	ont and tille if applicable (NOTE	Registered Age	nt signature req	uired when reinstating) Di	ATE
12			OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITI		P		DELETE				☐ Change ☐ Addition
NAJ	ME	SHEHADEH, NAIM			1.2 NAME			};
STR	EET ADORESS		OCOPLUM CIRCLE		1.3 STREET	address		
_	Y-ST-ZIP	COCON	IUT CREEK FL 33066		1.4 CiTY - S	r-ZIP		
TITL		y		☐ DELET e	2.1 TITLE			Change Addition
NAM			DEH, WADI		2.2 NAME			
	EET ADDRESS		11TH STREET		2.3 STREET	ADDRESS		
	Y-ST-ZIP		IDALE FL 33009	DECETE	2. 4 CITY - S	T-ZIP		
TITL	l	1 -		☐ DELETE	3.1 TITLE			Change Addition
NAN	55.40 ANA 0050 44444			3.2 NAME				
	EET ADDRESS		SPRINGS FL 33067		3.3 STREET	- 1		
TITE	Y-ST-ZIP	CONAL	ornings FL 3300/	DELETE	3.4. CITY - S	T-ZIP		
				DELETE	4.1 TITLE			Change Addition
NAN					4. 2 NAME			
	EET ADDRESS				4.3 STREET			
CITY TITL	r-ST-ZIP			DELETE	4.4 CITY - ST	- ZIP		Phanes Addition
NAM					5.1 TITLE			Change Addition
	ĺ				5.2 NAME	I DEDUCA		
	EET ADDRESS				5 3 STREET			
TITL	r-ST-ZIP			☐ DELETE	5 4 CiTY - ST	- ZIP		Change Addition
NAM					61 TITLE			☐ Change ☐ Addition
	EET ADDRESS				6.2 NAME	IDDDCCC		
					6.3 STREET	i		
UIIY	-ST-ZIP				6.4 CITY - ST	- ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemplion 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.