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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L64600 1. Corporation Name

LYCHEE GROVE ESTATES, INC.

Principal Place of Business Mailing Address						. I CHROSPAN BIR MARIA BARAN BUSAN BRANK B	#### ### #############################	1911 TIBU BIBU (BB(
% HARRY M. HOLLUB		% HARRY M. HO	% HARRY M. HOLLUB					
7350 SW 152 TER		7350 SW 152 TER						
MIAMI FL 33157 MIAM		MIAMI FL 33157	#IAMI FL 33157			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/09/1990		
2 Dringing C	Place of Business	25 Mailing Adds	000			4. FEI Number		Applied For
─ '	race of business	2a. Mailing Addre	699			65-0196073	H	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #.	etc			00 0 190070	\$8.7	5 Additional
22		27	0.0.			5. Certifcate of Status Desired		Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	•	ed to Fees
Zip	Country	Zip	(Country		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	red Agent	
1101	LIID HADDV IA			81	Name			
	LUB, HARRY M.			82	Street Ar	ddress (P.O. Box Number is Not Acceptable)		
	0 SW 152 TER				230			
MIAI	MI FL 33157			83				
				84	City		85 Z	ip Code
				اسا	Oity		FL °° `	ip cods
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0)505, Florida S	Statutes.		ation's board of directors. I hereby accept the ap		s registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0	0505, Florida S (NOTE: Regist	Statutes.		ulied when reinstating) ADDITIONS/CHANGES TO OFFICERS		
agent. I a	am familiar with, and accept the oblig	ent and title if applicable. ND DIRECTORS	0505, Florida S (NOTE: Regist	Statutes. tered Agent		uired when reinstating) DATE		CTORS IN 12
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If for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of a contract of the contract of 14. I hereby certify that the information supplied with this filing does not grain indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trus

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90097 040 ***150.00