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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L87642**

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90040 021 \*\*\*150.00

LYRIC R	EALTY GROUP, INC.					<b>.</b> 11011 <b>6</b> 1311 <b>1</b> 1011 <b>5</b> 1811 1	
Drincinal Plac	o of Rusiness	Mailing Address		······			
Principal Place of Business Mailing Address  16205 LAKE MAGDALENE BLVD 16205 LAKE MAGDALENE BL TAMPA FL 33613-8250 TAMPA FL 33613-8250				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THIS OF AGE	
					05/24/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21	indicate distributions	26			59-3133135	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,			\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current ye		<b>с</b> т
24	25	29	30		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8	4 Name	10. Name and Address of New Regist	ered Agent	
B 49TT	ILINGERY DICHARD		•	1 Name			
MITULINSKY, RICHARD 16205 LAKE MAGDALINE DRIVE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		_
	IPA FL 33618		8				
IAW	IFA FL 33010		l°	3			
			8	4 City		FL 85 Zip	Code
				_l	poration submits this statement for the purpo		
agent. I a	ım familiar with, and accept the oblig	ations of, Section 607.0505, Fto	rida Statute	es. 	on's board of directors. I hereby accept the a		
40	Signature, typed or printed name of registered ag	<u></u>	Registered Ag	ent signature require	ADDITIONS/CHANGES TO OFFICER		S IN 12
12.	ST	ND DIRECTORS  ☐ DELETE	1.1 TITLE	·	ABBITIONS/OFFICES TO OFFICE	☐ Change	Addition
NAME	MITULINSKY, LYNNE M		1.2 NAME			_ •	
STREET ADORESS	AAAAR LINUT IALADAL THE BU	n		ET ADDRESS			
	TAMPA FL		1.4 CITY-				
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	MITULINSKY, RICHARD		2.2 NAME				
STREET ADDRESS	AGONE LAWE ALLON ALENIE DU	vn '	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	- TAMPA FL	<b>, .</b>	2. 4 CITY				
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	MITULINSKY, ANN		3.2 NAME	.			
STREET ADORESS	16205 LAKE MAGDALENE BL	VD.	3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			5.2 NAMI	<b>■</b>			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition Addition
NAME			6.2 NAME	<u> </u>			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZiP			6.4 CITY	ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

4/30/99 8/3-961-757.5

CR2E034 (11/98)