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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96865

LANE 4 AWARDS, INC.

(5)

| Address | ר היים ומינה וותוב אות ומנום מהוה מנות המנות מנות המוצים הנותו מות מות מות ומות מות ומות מות ומות מות |
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**FILED** 

Apr 02 1997 8:00am

Secretary of State

| Principal Place of Business Mailing Address   10217 NW 24TH PL. POST OFFICE BOX 451591   C/O PLOTKIN APT. 202 SUNRISE FL 33345-1591   SUNRISE FL 33322 SUNRISE FL 3345-1591 |  |   |  |   | -} - 1  |  |  |
|---|--|---|--|---|---|--|--|
|   |  |   |  |   |   |  |  |
|   |  |   |  |   | 3. Date Incorporated or Qualified 08/21/1990  | 3s. Date of Last 04/16/1996  |  |
| 2. Principal Pl   | ace of Business  | 2a. Mailing Address   |  |   | 4. FEI Number   | <b>ի</b> ափո   | Applied For                            |
| 21  |  | 26  |  |   | 65-0218078  |  | Not Applicable                         |
| Suite, Apt  |  | Suite, Apt. #, etc.   |  | ·····   | 5. Certificate of Status Desired  | Fee  | Additional<br>Required                 |
| City & State  | !  | City & State  |  |   | 6. Election Campaign Financing  |  | May Be                                 |
| 23  | 28   |   |  |   | Trust Fund Contribution   |  |  |
| ·   | Zip Country Zip  |   | <del></del> 1                                    |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No                                      |  |  |
| 24  | 25 <br>9. Name and Address of Curre  | 29 <br>ent Registered Agent   | 30   |   | 10. Name and Address of New Re  |  | ······································ |
| PLΩ   | TKIN, LAWRENCE   |   | В  | 1 Name  |   |  |  |
|   | 17 N.W. 24TH PLACE   |   | <u>_</u>   |   |   |  |  |
| APT   |  |   | 8  | 2 Street Add  | ress (P.O. Box Number is Not Acceptab   | le)  |  |
|   | IRISE FL 33322   |   | 8  | 3   |   |  |  |
| •   | 1102144022   |   |  |   |   | 11   |  |
|   |  |   | 8  | 4 City  |   | FL  85   Zi  | p Code                                 |
| agent Lai   | m familiar with, and accept the obli   | A KUKU  | À  |   | poration submits this statement for the p<br>tion's board of directors. I hereby accep<br>lied when reinstating)                    | 3/21/<br>DATE 21/  | 97                                     |
| 12.   |  | ND DIRECTORS  | 13.  |   | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTO  | DRS IN 12                              |
| TiTLE   | PD   | ☐ DELETE  | 1.1 TITLE  |   | •   | Change   | a Addition                             |
| NAMÉ  | PLOTKIN, LAWRENCE  |   | 1,2 NAM  | E   |   |  |  |
| STREET ADDRESS  | 10217 NW 24TH PL #202  |   | 1.3 STRE   | et address  |   |  |  |
| CITY-ST-ZIP   | SUNRISE FL   |   | 1,4 CHTY   |   |   |  |  |
| TITLE   | DS<br>DI OTVINI MADOIA   | ☐ DELETE  | 2.1 TITLE  | ſ   |   | Chang  | e L Addition                           |
| NAME  | PLOTKIN, MARCIA  |   | 2.2 NAM  |   |   |  |  |
| STREET ADORESS  | 10217 NW 24TH PL #202<br>SUNRISE FL  |   |  | ET ADDRESS  |   |  |  |
| CITY-ST-ZO:   | SUMMSE FL  | DELETE  | 2. 4 CITY<br>3.1 TITLE                           |   |   | Chang  | e Addition                             |
| NAM!  |  |   | 3.2 NAM  | ſ   |   | triang   | c                                      |
| STREET ADDRESS  |  |   |  | ET ADDRESS  |   |  |  |
| CHY - ST - ZIF  |  |   | 3.4. City  |   |   |  |  |
| TITLE   |  | DELETE  | 4.1 TITLE  |   |   | Chang  | e Addition                             |
| NAME )  |  | <del></del> -   | 4. 2 NAM   | l l   |   | •  |  |
| STREET ADDRESS  |  |   |  | ET ADORESS  |   |  |  |
| C(1Y - S1 - 7)P   |  |   | 4.4 CITY   |   |   |  |  |
| THLE  |  | DEL <del>E</del> TE   | 5.1 TITLE  |   | -   | Chang  | e Addition                             |
| NAME  |  |   | 5.2 NAM  | E   |   |  |  |
| STREET ADDRESS  |  |   | 53 STRE  | et address  |   |  |  |
| CITY-ST-ZIP   |  |   | 5.4 City   | -ST-ZIP   |   |  |  |
| TITLE   |  | ☐ DELETE  | 6.1 TITUE  |   |   | ☐ Chang  | e \tag{\text{Language} Addition}       |
| NAME.   |  |   | 6.2 NAM  | E   |   |  |  |
| STREET ADDRESS  |  |   | 6.3 STRE   | ET ADDRESS  |   |  |  |
| CITY-ST-7.P   |  |   | 6.4 CITY   |   |   | - I f  | -1 N-                                  |
| 14. I do hereb<br>informatio<br>I am an of  | ny certify that the information suppli<br>n indicated on this annual report or<br>ficer or director of the commation<br>n Block 12 or Block 12 (Manual | led with this filing does not quit<br>supplemental annual report to<br>or the receiver or trustee employed<br>or on an attachment with an | any for the ex<br>s true and ac<br>overso to ex- | remption states<br>curate and that<br>ocute this repo | d in Section 119.07(3)(i), Florida Statute<br>it my signature shall have the same lega<br>ort as required by Chapter 607, Florida S | s. Flurther certify th<br>il effect as if made i<br>statutes; and that m | ai the<br>under oath; thai<br>y name   |

SIGNATURE:

Tewrence State