

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M00194 (4)

1. Corporation Name

LEMOIN AND LEMOIN ENTERPRISES, INC.

Principal Place of Business

1200 HAMMONDVILLE RD.  
POMPANO BEACH FL 33061

Mailing Address

P.O. BOX 1724  
POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1984

4. FEI Number

59-2475189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 150 SW 12th Ave  
Suite, Apt. #, etc.

22 12  
City & State

23 Pompano  
Zip

Country

24 33069

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEE, RODNEY  
1200 HAMMONDVILLE RD.  
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent

81 Name

Daisy Lee

82 Street Address (N.O. Box Number is Not Acceptable)

150 SW 12th Ave

83

#12

84

Pompano Beach

FL

85

Zip Code

33069

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 registered  
office 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 registered  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Daisy Lee*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/98

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LEE, RODNEY  
STREET ADDRESS 1931 NE 1ST TERR  
CITY-ST-ZIP POMPANO BCH FL ☒ DELETE

TITLE VD  
NAME LEE, DAISY  
STREET ADDRESS 1200 HAMMONDVILLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE STD  
NAME LEE, SONYA  
STREET ADDRESS 1200 HAMMONDVILLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE SAD  
NAME LEE, ANDREA D  
STREET ADDRESS 8318 NW 24TH ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ DELETE

TITLE M  
NAME LEE, ALFONSO JR  
STREET ADDRESS 1931 NE 1 TERR  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☒ Change ☐ Addition  
12 NAME DAISY LEE  
13 STREET ADDRESS 150 SW 12th Ave #12  
14 CITY-ST-ZIP Pompano Bch, FL 33063

21 TITLE Treasurer ☒ Change ☐ Addition  
22 NAME ANDREA LEE  
23 STREET ADDRESS 150 SW 12th Ave #12  
24 CITY-ST-ZIP Pompano Bch, FL 33063

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE:

*Daisy Lee*

CR2E034 (10/97)