

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90068 004 ***150.00

DOCUMENT # M00194

1. Corporation Name

LEMOIN AND LEMOIN ENTERPRISES, INC.

Principal Place of Business

150 SW 12TH AVE
STE 12
POMPANO BEACH FL 33069
US

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 ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution: ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1931 NE 1st TERRACE
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Pompano Beach

27 City & State

28 City & State

24 Zip Country

33060

29 Zip Country

30

9. Name and Address of Current Registered Agent

LEE, DAISY
150 SW 12TH AVE
STE #12
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name ANDREA WALLACE
82 Street Address (P.O. Box Number is Not Acceptable)
1931 NE 1st TERRACE
83
84 City Pompano Bch FL 85 Zip Code 33060

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

ANDREA WALLACE, President

ANDREA WALLACE 3-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
T	LEE, ANDREA	150 SW 12TH AVE #12	POMPANO BCH FL 33063	<input checked="" type="checkbox"/>
P	LEE, DAISY	150 SW 12TH AVE #12	POMPANO BEACH FL 33063	<input checked="" type="checkbox"/>
STD	LEE, SONYA	1200 HAMMONDVILLE ROAD	POMPANO BEACH FL	<input type="checkbox"/>
M	LEE, ALFONSO JR	1931 NE 1 TERR	POMPANO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	ANDREA WALLACE	1931 NE 1 st TERRACE	POMPANO BCH, FLA 33060	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02034 (11/98)