FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

M04678

(2)

LOTSPEICH COMPANY									
Principal Place o	of Business	Mailing Address				I iåtitåti lit solit sibla billi span lati biat) 01211 GIGII DIG	14 G1541 G1211 (021	
16101 NW 54	AVF	16101 NW 54 AVE							
P.O. BOX 171010 P.O. BOX 171010									
MIAMI FL 330	17-8010	MIAMI FL 33017-8010					Date of Last F		
						08/30/1984	02/21/19	995	
2. Pancipal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Applied For	
1		26					Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.								5 Additional Required	
2		27							
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
3		28	1	s under a		This corporation has liability for intangib			
Zφ : i	Country	Zip	30	ountry		Florida Statutes Yes No		3 105,000[
4]	25 g. Name and Address of Curr	29 29 Agent	1301	1		10. Name and Address of New Register			
	9. Name and Address of Con	ent negistered rigent		81	Name				
LOTSPEICH, JAY W.						ess (P.O. Box Number is Not Acceptable)			
16101 N			82	Street Addr	1955 (P.O. BOX NUMBER IS NOT Acceptable)				
MIAMI F				83					
MIMMILE	L 33014						- last	Zio Codo	
				84	City	į.	=L ⁶⁵ ³	Zip Code	
SIGNATURE _		AND DIRECTORS	13		il signature require	ad when renstating DA' ADDITIONS/CHANGES TO OFFICERS			
IP(F	D LOTORFIOLI (AV M	DETELE		1 TITLE					
NAMi	LOTSPEICH, JAY W.			NAME	1 1000000				
STREET ADDRESS	16101 NW 54 AVE MIAMI FL			1.3 STREET ADORESS 1.4 CITY - ST - ZIP					
CITY S1 - ZIF	P	DELETE	2 1 TITL 2 2 NAM		51 - 21	Change	e 🔲 Addition		
TITLE	MANDICH, JIM						-		
NAME CONTAINMENTON	16101 NW 54 AVE				T ADDRESS				
STREET ADDRESS CDY ST-7P	MIAMI FL			CITY-S					
THE STATE	ST	DELFTE		3 1 TITLE			☐ Chang	e 🔲 Addition	
NAME	LOTSPEICH, JAY W		3.3	NAME					
STREET ADDRESS	16101 NW 54 AVE		3.3	STREE	T ADORESS				
CITY ST-7IP	MIAMI FL		3 4	CITY-	ST - ZIP				
TILE	VP	DELETE	4	1 THLE			Chang	Addition	
NAME	MASSON, SCOTT		4 :	2 NAME					
STREET ADDRESS	16101 NW 54TH AVE.		4.3	3 STREE	T ADDRESS				
CITY ST-ZIP	MIAMI FL			4 CITY -			☐ Chang	e Addition	
TIFLE		DELETE	1	1 TITLE				in D variable	
NAME				2 NAME					
STREET ADDRESS			- 1		T ADDRESS				
CHY-ST-ZP		T) DELETE		4 CITY -			☐ Chang	ge Addition	
11.11		☐ DELETE		1 TITLE 2 NAME					
NAME					I ADDRESS				
2239005 LD412	1		■ 6	Janice	I ADDUCTOS				

6 4 CITY - ST - ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

14. Let hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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. (305)624-7777 Destrict Provide