

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M51386** (4)
1. Corporation Name
L.A.L., INC.



Principal Place of Business
**3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address
**3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1987

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2803471	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KIRSCH, BRUCE J
3800 S. OCEAN DRIVE
SUITE 218
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	
NAME	LANZA, ROBERT	NAME	
STREET ADDRESS	2641 E. MARINA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	EGURIN, HYMAN	NAME	
STREET ADDRESS	8970 S. HOLLYBROOK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the information 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: Robert Lanza P. ces. 1/27/98 456-8274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

CR2E034 (10/97)