

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M54688** (0)

1. Corporation Name

LOTT & FRIEDLAND, P.A.



Principal Place of Business

Mailing Address

**C/O LESLIE J. LOTT
338 MINORCA AVE.
CORAL GABLES FL 33134**

**C/O LESLIE J. LOTT
338 MINORCA AVE.
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 255 Alhambra Circle

Suite, Apt. #, etc.

22 Suite 555

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 255 Alhambra Circle

Suite, Apt. #, etc.

27 Suite 555

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

4. FEI Number

65-0005885

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOTT, LESLIE J.
338 MINORCA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name
Lott, Leslie J.
82 Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle
83 Suite 555
84 City
Coral Gables
85 Zip Code
FL 33134**

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

Leslie J. Lott

Leslie J. Lott

Apr. 22, 1996

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP
LOTT, LESLIE J.
338 MINORCA AVE.
CORAL GABLES FL**

TITLE ☐ DELETE

**DVP
FRIEDLAND, DAVID K
328 MINORCA AVENUE
CORAL GABLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**Director/President
Lott, Leslie J.
255 Alhambra Circle, Suite 555
Coral Gables, Florida 33134**

2.1 TITLE ☒ Change ☐ Addition

**Director/Vice President
Friedland, David K.
255 Alhambra Circle, Suite 555
Coral Gables, Florida 33134**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Leslie J. Lott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Apr. 22, 1996

Daytime Phone #

305 448-7089

CR2E034 (12/95)