PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M57142

1. Corporation Name

LAKES POSTAL CENTER. INC.

Principal Place of Business Mailing Address 15476 N.W. 77TH CT 15476 N.W. 77TH CT STORE #F-11 STORE #F-11 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/11/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2838037 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OVEDIA, MAYER 15476 N.W. 77TH CT 82 Street Address (P.O. Box Number is Not Acceptable) STORE #F-11 83 MIAMI LAKES FL 33014 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 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE Change ☐ Addition OVEDIA, MAYER NAME 1.2 NAME 6901 LOCHNESS DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITI F ☐ DELETE 2.1 TITLE Change ☐ Addition OVEDIA, ELEANOR NAME 6901 LOHNESS DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 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 it flade under oath; that I am an officer or director of the corporation or the acceiver 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 or attachment with an address, with all other like empowered. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90064 001 ***150.00

CR2E034 (11/98)