

3-20-98 B 3526 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 20 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # M77798

(0)

1. Corporation Name  
LAUTIN REALTY, INC.



|  |  |
|--|--|
| Principal Place of Business<br>805 EAST BROWARD BLVD<br>SUITE 201<br>FT. LAUDERDALE FL 33301<br>US | Mailing Address<br>805 EAST BROWARD BLVD<br>SUITE 201<br>FT. LAUDERDALE FL 33301<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>04/18/1988 | 4. FEI Number<br>65-0061549<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br>Yes No |
|---|--|---|--|--|--|---|

9. Name and Address of Current Registered Agent

~~MCPHARLIN, WILLIAM J.~~  
~~4 EAST BROWARD BOULEVARD~~  
~~PENTHOUSE~~  
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name LEWIS LAUTIN  
82 Street Address 805 East Broward Blvd  
83  
84 City FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   |  |
| NAME                       | LAUTIN, LEWIS J.         | 1.2 NAME  |  |
| STREET ADDRESS             | 777 BAYSHORE DR APT PH-1 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT LAUDERDALE FL         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 2.1 TITLE   |  |
| NAME                       |                          | 2.2 NAME  |  |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 3.1 TITLE   |  |
| NAME                       |                          | 3.2 NAME  |  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 4.1 TITLE   |  |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 5.1 TITLE   |  |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 6.1 TITLE   |  |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 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 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:

*[Signature]* President 3/17/98 9544621707

CP2E034 (10/97)