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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M87073 1. Corporation Name

LONGAR INVESTMENT, INC.

| Principal Place | of Business | Mailing Address | | | | | |
|--|--|---------------------------------------|---------------------------------------|------------------------------|---|-----------------|--------------|
| SUITE #500 | | 153 E. PALMETTO PK. RD. SUITE #500 | | | DO NOT WRITE IN THE | S SPACE | |
| BOCA RATON FL 33432 BOCA RATON FL 33432 | | | | \ | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| | | | | , | 06/27/1988 | | } |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | | El Number | Apr | olled For |
| <u> </u> | HAMPTONWOOD DR | 26 8210 HAMT | TAN LINGE | | 65-0056150 | | Applicable |
| Suite, Apt. | 147111 - 18101- 00 1- 1-7 | Suite, Apt. #, etc. | 7010000000 | - 1 | | \$8.75 A | dditional |
| 22 | | 27 | | 5. (| Certifcate of Status Desired | Fee Re | quired |
| City & State | e | City & State | | 6. 6 | Election Campaign Financing | \$5.00 | May Be |
| BOCE | RATON, FL | 28 BOCA FA | TON, FL _ | _ [7 | Frust Fund Contribution | Added to | Fees |
| Zip | Country | Zip , | Country | 8, 1 | This corporation owes the current year In | | _ |
| 24 334 | 33 25 (1.5.A. | <u> </u> | 30 (1.5.1- | | Personal Property Tax. | | □No |
| | 9. Name and Address of Current F | Registered Agent | - 51 | 10. | Name and Address of New Registered | Agent | |
| LON | COLLAND CARY | | 81 Name | | | | Ì |
| LONGCHAMP, GARY 153 E PALMETTO PK RD 82 Street Add | | | | Address (P. | O. Box Number is Not Acceptable) | | |
| SUIT | 82 | <u> 10 H</u> | AMPTONIWOOD DR | | | | |
| | | 83 | | | | Ì | |
| ВОС | A RATON FL 33432 | | 84 City | <u> </u> | | 85 Zip C | ode |
| | | | 84 Bity C | AK | YATON FI | | 433 |
| l office or n | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio | Florida, Such change was at | uthorized by the corpo | corporation oration's boa | submits this statement for the purpose of and of directors. I hereby accept the appoint | ointment as req | gistered |
| | m lamiliai willi, and accept the obligatio | 113 01, 0000011 007.0000, 1 107 | ngo otalaloo. | | | | } |
| SIGNATURE | Signature, typed or printed name of registered agent as | nd title if applicable. (NOTE: | Registered Agent signature re | | | | |
| 12. | OFFICERS AND | | 13. | Α | DDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change Change | ☐ Addition |
| NAME | LONGCHAMP, GARY | | 1.2 NAME | _ | | | 1 |
| STREET ADDRESS | 1365 TAMARIND WAY | | 1.3 STREET ADDRESS | 8210 | HAMPTONWOOD DR RATON, FL 334: | | 1 |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY-ST-ZIP | BOCA | RATON, FW 334 | | |
| TITLÉ | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 2.2 NAME | | | | İ |
| STREET ADDRESS | | . = | , 2.3 STREET ADORESS | | عرض بالمداد | | Ì |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | | - Dadrila- |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | 1 |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-\$1-ZIP | | | 3.4. CITY-ST-ZIP | | | | C 4 delition |
| TITLE | | ☐ DELETE | 4,1 TITLE | | , | Change | ☐ Addition } |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | 1 | | • | İ |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | - D Aphilian |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | l | | | (|

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 changes, or on an attachment with any address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90109 037 ***150.00