

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

153 E. PALMETTO PK. RD.  
SUITE #500  
BOCA RATON FL 33432

Mailing Address

153 E. PALMETTO PK. RD.  
SUITE #500  
BOCA RATON FL 33432

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

04-07-1999 90109 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1988

4. FEI Number

65-0056150

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 8210 HAMPTONWOOD DR

26 8210 HAMPTONWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip Country

Zip Country

24 33433 25 U.S.A.

29 33433 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONGCHAMP, GARY  
153 E PALMETTO PK RD  
SUITE 500  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8210 HAMPTONWOOD DR

83

84 City BOCA RATON

FL

85 Zip Code 33433

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 or 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 D  
NAME LONGCHAMP, GARY  
STREET ADDRESS 1365 TAMARIND WAY  
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE REQUIRED

4/1/99

561-479-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)