

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006179 (5)

1. Corporation Name

L.T.N., INC.

Principal Place of Business

1920 EAST HALLANDALE BEACH BLVD.
SUITE 800
HALLANDALE FL 33009

Mailing Address

1920 EAST HALLANDALE BEACH BLVD.
SUITE 800
HALLANDALE FL 33009



3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0541335

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Ami KENAN

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

1920 E Hallandale Bch Blvd

83

800

84 City

Hallandale

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ami KENAN

President

L.T.N.

02.06.96

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

☒ DELETE

NAME

AMAR, PROSPER

O.K.

STREET ADDRESS

17720 N. BAY RD., APT. 1101

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33160

TITLE

DV

☒ DELETE

NAME

AMAR, MARILYN

O.K.

STREET ADDRESS

17720 N. BAY RD., APT. 1101

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33160

TITLE

DP

☒ DELETE

NAME

AMIRAM, KENAN

O.K.

STREET ADDRESS

680 N.E. 180TH ST.

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33162

TITLE

DT

☒ DELETE

NAME

KENAN, BANNY M

O.K.

STREET ADDRESS

680 N.E. 180TH ST.

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33162

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Ami KENAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

02.06.97 305-4565455

Date

Daytime Phone

CR2E037 (12/95)