

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000006179 (5)**

1. Corporation Name

L.T.N., INC.

Principal Place of Business

Mailing Address

**1920 EAST HALLANDALE BEACH BLVD.
SUITE 800
HALLANDALE FL 33009**

**1920 EAST HALLANDALE BEACH BLVD.
SUITE 800
HALLANDALE FL 33009-4726**



3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **1920 E. Hallandale Beach**

4. FEI Number
65-0541335

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.
624

27 Suite, Apt. #, etc.
SAME

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Hallandale FL 33009

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33009

25 Country
FL

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KENAN, AMI
1920 E. HALLANDALE BEACH BLVD.
#800
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | AMAR, PROSPER | |
| STREET ADDRESS | 17720 N. BAY RD., APT. 1101 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | AMAR, MARILYN | |
| STREET ADDRESS | 17720 N. BAY RD., APT. 1101 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | AMIRAM, KENAN | |
| STREET ADDRESS | 680 N.E. 180TH ST. | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | KENAN, BANNY M | |
| STREET ADDRESS | 680 N.E. 180TH ST. | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMIRAM

Date

Daytime Phone # **0022708**

CR2E037 (9/96)