

PROFIT
CORPORATION
ANNUAL REPORT

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

FLORIDA ANNUAL REPORT UPDATE
F.S. 607.1622(7)
Filing Fee: 61.25

FILED

99 APR 19 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001934
1. Corporation Name

the LBI Children's Foundation, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 10100 West Sample Road, Suite 401

Suite, Apt. #, etc.

22

City & State

23 Coral Springs FL

Zip

24 33065

County

25 Broward

2a. Mailing Address

26 10100 West Sample Road, Suite 401

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33065

County

30

3. Date Incorporated or Qualified
3/30/98

3a. Date of Last Report

4. FEI Number

65-0849928

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

10. Name and Address of New Registered Agent

Thomas U. Graner
301 Yamato Road, Suite 4199
Boca Raton, FL 33431

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 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

TITLE Director, Treasurer ☐ DELETE

NAME Paul F. Lovito, Jr.
STREET ADDRESS 10100 West Sample Road, Suite 401
CITY-STATE-ZIP Coral Springs, FL 33065

TITLE Director, President ☐ DELETE

NAME Kimberly W. Lovito
STREET ADDRESS 10100 West Sample Road, Suite 401
CITY-STATE-ZIP Coral Springs, FL 33065

TITLE Director, Secretary ☐ DELETE

NAME Matthew J. Lovito
STREET ADDRESS 10100 West Sample Road, Suite 401
CITY-STATE-ZIP Coral Springs, FL 33065

TITLE Director ☐ DELETE

NAME Kerry Thompson
STREET ADDRESS 11067 NW 46th Drive
CITY-STATE-ZIP Coral Springs, FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly W. Lovito, President

Greg K. Kuroda as attorney-in-fact 4/15/99

305-672-0686

Date

Daytime Phone #