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May 30, 2001 8:00 am
Secretary of State

05-30-2001 90030 024 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
2001**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000112888

1. Corporation Name

L & N REALTY, INC.

C0070577

Principal Place of Business

Mailing Address

P.O. Box 880169

P.O. Box 880169

BOCA RATON, FL

BOCA RATON, FL

33488

33488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/8/00

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOSEPH K. NOFIL, P.A.

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

3284 N. STATE ROAD 7

83

84 City

LAUDERDALE LAKES

FL

85 Zip Code

33319

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

4/30/01

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **NOFIL, JOSEPH G.**

STREET ADDRESS **P.O. Box 880169**

CITY-ST-ZIP **BOCA RATON, FL 33488**

TITLE **VS** ☐ DELETE

NAME **LAGGINI, DANA**

STREET ADDRESS **P.O. Box 880169**

CITY-ST-ZIP **BOCA RATON, FL 33488**

TITLE **D** ☐ DELETE

NAME **LAGGINI, KATHY**

STREET ADDRESS **P.O. Box 880169**

CITY-ST-ZIP **BOCA RATON, FL 33488**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/30/01

(954) 484-5533