

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

06-07-1999 90014 035 \*\*\*558.75

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000032433

1. Corporation Name  
LOUISA, INC.



Principal Place of Business  
1741 N.W. 33RD STREET  
POMPANO BEACH FL 33064

Mailing Address  
1741 N.W. 33RD STREET  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/04/1993

4. FEI Number  
65-0419506  
Applied For  
 Yes  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, KATHLEEN S  
1741 NW 33RD STREET  
POMPANO BEACH FL 33064

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	PETERSON, KATHLEEN
STREET ADDRESS	1741 NW 33RD ST.
CITY-ST-ZIP	POMPANO FL 33064
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	MANAGING Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRISTOPHER CAASON, JR
1.3 STREET ADDRESS	1723 NW 33 ST
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTOPHER CAASON, SR
2.3 STREET ADDRESS	17 NW 33 ST
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS SCHNEIDER
3.3 STREET ADDRESS	1741 NW 33 ST
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
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 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: \_\_\_\_\_ Date: 4/29/99 Daytime Phone #: 974 572 7102

CR2E034 (11/98)