

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000033040 (5)**

1. Corporation Name

LUCKY COMMERCIAL REALTY, INC.



Principal Place of Business

**5761 NORTHWEST 37TH AVENUE
MIAMI FL 33142**

Mailing Address

**5761 NORTHWEST 37TH AVENUE
MIAMI FL 33142**

3. Date Incorporated or Qualified
05/04/1993

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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIGERMAN, MICHAEL
5761 NORTHWEST 37TH AVENUE
MIAMI FL 33142**

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

(Signature of the person who is responsible for the filing of this report)

(If filer is Registered Agent of corporation, sign as such)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PS** ☐ DELETE
NAME: **SIGERMAN, MICHAEL**
STREET ADDRESS: **23880 SW 124TH AVE.**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: **VT** ☐ DELETE
NAME: **POSHNICK, GARY**
STREET ADDRESS: **5333 COLLINS AVE.**
CITY-STATE-ZIP: **MIAMI BCH. FL**

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

11. TITLE: ☐ Change ☐ Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-STATE-ZIP:

21. TITLE: ☐ Change ☐ Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-STATE-ZIP:

31. TITLE: ☐ Change ☐ Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-STATE-ZIP:

41. TITLE: ☐ Change ☐ Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-STATE-ZIP:

51. TITLE: ☐ Change ☐ Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-STATE-ZIP:

61. TITLE: ☐ Change ☐ Addition
62. NAME:
63. STREET ADDRESS:
64. CITY-STATE-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, its 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)