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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000034505 (6)

LOLIN COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



218A EAST EAU GALLIE BLVD NO. 58 INDIAN HARBOUR BCH. FL 32837			218A EAST EAU GALLIE BLVD NO. 58 INDIAN HARBOUR BCH. FL 32837			·	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/13/1993				
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number 59-3182121	<del> </del>	oplied For ot Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired		
	City & State		City & State	<u>-</u> , '				Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
	<b>'ip</b>	Country 25	7 <sub>1</sub> p	Coun				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name					
HAMILTON, TAMARA M						Nam	е				
		A <b>E</b> AST EAU GALLIE BLVD., N AN HARBOUR BCH. FL 32937			82	Stree	et Addres	ss (P.O. Box Number is Not Acceptable)			
İ					83						
					84	City		F	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-namoffice or registered agent, or both, in the State of Florida, Such change was authorized by the confidence of Florida.								ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing i	ts registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIG	NATURE	gnature, typical or printed having of registered ag	ent and title it appearable (NC	TE: Registere	d Age	nt signal	ure required	swhen reinstating) DATE			
12.		OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A			
TITLE		D	☐ DELETE	1.1 T					Change	Addition	
NAM	•	HAMILTON, TAMARA M	1		.2 NAME						
STRE	ET ADDRESS	311 SUNSET BLVD.		1.3 STREET ADDRESS		S					
	-ST-ZIP	MELBOURNE BCH. FL 32951			1.4 CITY - ST - ZIP 2.1 TITLE		<del></del>		Change	Addition	
TITLE		HAMILTON, THOMAS G III	L.J tattit	22 NAME					( o		
NAM	ET ADDRESS 311 SUNSET BLVD.			2.3 STRE		ADDRES	ا				
		MELBOURNE BCH. FL 3295	1	2 4 CITY-ST-ZIP		` [					
TITLE	-ST-ZIP	WILLDOOMINE BOTT. TE OZOG	DELETE			J1-21/	<del>                                     </del>	i, we'	☐ Change	Addition	
NAM				32 N	IAME		-				
	ET ADDRESS			3.3 S	TREET	ADDRES	s				
	-ST-ZIP			3.4. 0	OITY-S	ST-ZIP					
TITLE			DELETE	4.1 T	ITLE				Change	Addition	
NAM	ŧ l			4.21	VAME						
STRE	ET ADDRESS			4.3 S	TREET	ADDRES	s				
CITY	-ST-ZIP					T-ZIP			<u> </u>		
TITU			☐ DELETE	5.1 T					Change	Addition	
NAM					IAME					İ	
	ET ADDRESS					ADDRES	S				
	-ST-ZIP		DELETE			T- 211			Change	Addition	
TITU			L. DECEIE	6.1 7					C Cuange		
NAM	]				IAME	LADARE					
	ET ADDRESS					I ADORES	٥				
CITY	- ST-ZIP	diffu that the information complices	with this filipa does not qualify			ST-ZIP	l hate	Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information	

Indicated on this annual report or supplied with this filling does not quality in the exemption stated in section 119.07(3)(), Florida statutes. Finding does not quality 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.

COMMAND ON NUMERIA