PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P93000059237 1. Corporation Name

L & L WAY, INC.

SIGNATURE

| Principal Place of Business                             |                       | Mailing Address   |    |       |            |   |              |                              |
|---|-----------------------|---|----|-------|------------|---|--------------|------------------------------|
| 2265 ROSWELL RD.<br>STE. 402<br>MARIETTA GA 30062<br>US |                       | 2265 ROSWELL RD.<br>STE. 402<br>MARIETTA GA 30062<br>US | !  |       |            | DO NOT WRITE IN 3 3. Date Incorporated or Qualifed 08/24/1993     | HIS SPAC     | <u>E</u>                     |
| 2. Principal Place of Busine                            | ss                    | 2a. Mailing Address                                     | 3  |       |            | 4. FEI Number<br>58-2083689                                       |              | Applied For<br>Not Applicabl |
| Suite, Apt. #, etc.                                     |                       | Suite, Apt. #, etc                                      | c. |       |            | 5. Certifcate of Status Desired                                   |              | 75 Additional<br>se Required |
| City & State  |                       | City & State  |    |       |            | 6. Election Campaign Financing Trust Fund Contribution            |              | .00 May Be                   |
| Zip 24 2  | Country 5             | Zip 29  | 30 | untry |            | This corporation owes the current year     Personal Property Tax. | r Intangible | - 1                          |
| 9. Name a   | nd Address of Current | Registered Agent  |    |       |            | 10. Name and Address of New Registe                               | red Agent    |                              |
| L AND L TAMPA   | ASSOCIATES LP         |   |    | 81    | Name       |   |              |                              |
| 2225 131ST AVE  | Ε.                    |   |    | 82    | Street Add | Iress (P.O. Box Number is Not Acceptable)                         |              |                              |
| TAMPA FL 33612  | S APTS MGT OFFICE     |   |    | 83    |            |   |              | 4                            |
|   |                       |   |    | 84    | City       |   | -L 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.

| SIGNATORE      |  |                                   |  |   |  |  |
|----------------|--|-----------------------------------|--|---|--|--|
|                | Signature, typed or printed name of registered agent and title if applicable. (NOTE: F | tegistered Agent signature requir | red when reinstating) DATE                 | <del></del>                                 |  |  |
| 12.            | OFFICERS AND DIRECTORS   | 13.                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| TITLE          | P DELETE   | 1.1 TITLE                         | Change                                     | ☐ Addition                                  |  |  |
| NAME           | LAMM, SHALOM E   | 1.2 NAME                          |  |   |  |  |
| STREET ADDRESS | 476 DURYEA TERRACE   | 1.3 STREET ADDRESS                |  |   |  |  |
| CITY-ST-ZIP    | WEST HAMPTON NY  | 1.4 CITY-ST-ZIP                   |  |   |  |  |
| TITLE          | T DELETE.  | 2.1 TITLE                         | ☐ Change                                   | Addition                                    |  |  |
| NAME           | O'NEAL, ALAN R   | 2.2 NAME                          |  |   |  |  |

2265 ROSWELL ROAD, STE. 402 2.3 STREET ADDRESS STREET ADDRESS MARIETTA GA 30062 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition ZICH, JONATHAN 3.2 NAME NAME 489 FIFTH AVE. 28TH FLOOR STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY 10017 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplierhental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an art attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

DELETE

**FILED** 

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90036 030 \*\*\*150.00

☐ Change

☐ Addition

CR2E034 (11/98)

Applied For Not Applicable