

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gwendolyn B. McArthur  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

MAY 22 1996 15

DOCUMENT # **P93000082754 (1)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**L & A ON THE BEACH, INC.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| Principal Office Address<br><b>2138 S ATLANTIC BLVD<br/>FT LAUDERDALE FL 33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address<br><b>2138 S ATLANTIC BLVD<br/>FT LAUDERDALE FL 33316</b> |  | Date of Report of this Report<br><b>12/03/1993</b>                                                                                                                      |  | Date of Last Report<br><b>08/12/1994</b>               |  |
| 2. Date of Report of this Report<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2a. Mailing Address<br><b>26</b>                                          |  | 4. FET Number<br><b>65-0452901</b>                                                                                                                                      |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22. State of Report<br><b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 27. State of Report<br><b>27</b>                                          |  | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                            |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23. City & State<br><b>28</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 28. City & State<br><b>28</b>                                             |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                   |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24. City<br><b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 29. City<br><b>30</b>                                                     |  | 8. Does corporation have registered, for purposes of the statute, 1993, 1994<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                        |  |
| 9. Name and Address of Current Registered Agent<br><b>AVDOR, LIOR<br/>2138 S ATLANTIC BLVD<br/>FT LAUDERDALE FL 33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                           |  | 10. Name and Address of New Registered Agent                                                                                                                            |  |                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                           |  | 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 607.1506, 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 responsibilities set forth in Sections 607.0505, Florida Statutes.                                                                                                                                                                                       |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| SIGNATURE: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| 14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, not equally for the corporation submitted in this filing. I further certify that the information and data 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 in person. That I am an officer or director of this corporation or the registered agent or business representative for the corporation as required by Chapter 661, Florida Statutes, and that my name appears on the filing of this filing. I am an officer or director of this corporation. |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| SIGNATURE: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |
| 5/19/96 305 566-8513                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                           |  |                                                                                                                                                                         |  |                                                        |  |