

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 24 1998 8:00am
Secretary of State

DOCUMENT # **P94000007491 (1)**
1. Corporation Name

LINGERFELDT-MORRIS, INC.



Principal Place of Business

**5653 NW 29TH ST.
CORAL GATE PROFESSIONAL PLAZA
MARGATE FL 33063**

Mailing Address

**5653 NW 29TH ST.
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1412 SW 34 AVE**

2a. Mailing Address

26 **1412 SW 34 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **DEERFIELD BEACH, FL**

City & State

28 **DEERFIELD BEACH, FL**

Zip

24 **33442**

Country

USA

Zip

29 **33442**

Country

USA

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

65-0466943

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**LINGERFELDT, PAUL E
5653 NW 29TH ST.
CORAL GATE PROFESSIONAL PLAZA
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1412 SW 34 AVE

83

84 City

DEERFIELD BEACH, FL

85 Zip Code

33442

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LINGERFELDT, PAUL E**

STREET ADDRESS **5653 NW 29TH**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ DELETE

NAME **MORRIS, RICHARD**

STREET ADDRESS **5653 NW 29TH ST.**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1412 SW 34 AVE

DEERFIELD BEACH, FL 33442

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1412 SW 34 AVE, FL

DEERFIELD BEACH, FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 recorder 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.

SIGNATURE:

[Signature]

9-17-98

ESHA27-3076

CR2E034 (5/98)