

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90151 028 ***150.00

DOCUMENT # P94000025760

1. Corporation Name

L.J. LAUTIN & COMPANY, INC.



Principal Place of Business

805 E BROWARD BLVD
201
FT LAUDERDALE FL 33301
US

Mailing Address

777 BAYSHORE DRIVE
PH #1
FT LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1994

4. FEI Number

65-0476754

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 the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3317 NE 16 ST.

FT LAUDERDALE

33304

FL

9. Name and Address of Current Registered Agent

LAUTIN, LEW
777 BAYSHORE DRIVE
PH #1
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

LAUTIN, LEW

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

3317 NE 16 ST

83 City

FT LAUDERDALE

FL

85 Zip

33304

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 ☐ DELETE

NAME D
STREET ADDRESS LAUTIN, AMY W.
CITY-ST-ZIP 777 BAYSHORE DRIVE PH1
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS LEWIS, LAUTIN
CITY-ST-ZIP 777 BAYSHORE DRIVE PH
FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS LAUTIN, Amy W
1.4 CITY-ST-ZIP 3317 NE 16 ST
FT LAUDERDALE FL 33304

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME PD
2.3 STREET ADDRESS LAUTIN, LEWIS
2.4 CITY-ST-ZIP 3317 NE 16 ST
FT LAUDERDALE FL 33304

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 registered agent 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, with, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)