**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400043692

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90149 020 \*\*\*150.00

1. Corpor atio	n Name								
LOTE C	OMPANY								
									(
5: : 15:		Ad-III Add			<b> </b>				
Principal Flace of Business Mailing Address									
4431 N.E. 15TH TERRACE   4431 N.E. 15TH TERRACE   FT. LAUDERDALE FL 33334   FT. LAUDERDALE FL									
11. LAUDLINGA	EE 1 E 33304	THE ENGINEERIC OCC	<b>0</b> 4			DO NOT V	RITE IN TH	IS SPACE	
					1 '	corporated or Qualit	ed		
					06/10				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Nur			<u> </u>	plied For
21		26			65-0510946			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifica	te of Status Desired	d 🗆	\$8.75 ∌ Fee Re	
22		27							<del></del>
City & Stat						6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•
Zip	Country	28	Country	Country		8. This corporation owes the current year Inta			<u></u>
24	25	29	30	<b>一</b> ′		Personal Property Tax.			<b>₽</b> No
	9. Name and Address of Current		1991			and Address of Ne	w Registere	ed Agent	_
			81	Name		<u> </u>			_
	ienschwander, Rudi		82	Street Ado	trees (P.O. Boy	Number is Not Acco	entable)		
	1 NE 15TH TERRACE			Ollock Add	11035 (1 .O. DCX	140,000			
FT.	LAUDERDALE FL 33334		83						_
			84	City				85 Zip (	ode.
				•			Ł:	L	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	and 607.1508, Florida Stat.	ites, the above-	named cor	poration submits	this statement for	the purpose	of changing its	registered
oπice or i	registered agent, or both, in the State : am familiar with, and accept the obliga:	ions of, Section 607.0505, FI	orida Statutes.	re corporat	ion's board or d	nectors. Friereby ac	cept the app	JOHNMEIN 43 76	31010100
SIGNATURE									
	Signature, typed or printed name of registered ager		E: Registered Agent s	signature requi			DATE	AND DISEASE	DC IN 40
TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.	1	Plande	NS/CHANGES TO	OFFICERS !	Change	Addition
NAME	NEUENSCHWANDER, RUDI	DELETE	1.2 NAME		chlegel	roland 164.4		<b>/</b>	_
STREET ADDRESS	AARA N.C. ACTU TERRACE		1.3 STREET A	nopess i	enthold	164.4			
STREET ADDRESS	FT. LAUDERDALE FL 33334		1.4 CITY-ST-2	710	4- 4562	Biben's t	Sunto	erland	
TITLE	TI. BIODERDIEL TE GOOT	☐ DELETE	2.1 TITLE		<u> </u>	10 10 110		☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET A	ODRESS					
CITY-ST-ZIP			2. 4 CITY- ST-	ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET A	ODRESS					
CITY-ST-ZIP			3.4. CITY- ST-	ZiP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDR ESS			4.3 STREET A	DDRESS					
CITY-ST-ZIP			4 4 CITY- ST-2	ŻIP					
TITLE		☐ DELETÉ	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			53 STREET A						
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP					
TITLE		☐ DELETE	61 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET A						
CITY-ST-ZIP			6.4 CITY-ST-2	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 supplemental annual report is true and accurate and that my signa ure 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 changes or or an attachment with an address, with all other like empowered.

SIGNATURE:

Veneuschwarder R. 4/21/99