PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000053030**1. Corporation Name

L.T.R. ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address						•
3815 KINGS WAY BOCA RATON FL 33434		3815 KINGS WAY BOCA RATON FL 33434				IOITE IN THIS	CDACE	
						RITE IN THIS	SPACE	
					3. Date Incorporated or Qualif	ea		
					07/18/1994			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	•	<u></u> -	olied For
21		26			65-0514235			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	
City & State	e .	City & State			6, Election Campaign Financi	ng 🖂	\$5.00	May Be
—	•	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes the	current year Int	angible	
	25	29	30		Personal Property Tax.		Yes	
24	9. Name and Address of Cur		1441	T	10. Name and Address of Ne	w Registered	Agent	
-	9. Hame and Address of Out	Tone together		81 Name				
HAN	DIN, GARY I					4-1-1-3		·
	N UNIVERSITY DR			82 Street Add	dress (P.O. Box Number is Not Acc	ebrapie)		. 1
	DERHILL FL 33351		•	83	\$ 20 00 00 00 00 00 00 00 00 00 00 00 00	1 3 24 5 5 5 1 2 5 1 3 1	1.06 (1) 3.04 1.06 (1) 3.04 1.	UIII 24 1 120
					· 特别的最后是是		是最高	期提高
		,		84 City	1,	FL	85 Zip C	fase filtra
44 Dureuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	utes, the a	bove-named cor	poration submits this statement for	the purpose of	changing its	registered
					tion's board of directors. I hereby a	ccept the appoi	ntment as reg	gistered
	egistered agent, or both, in the St m familiar with, and accept the ob				tion's board of directors. I hereby a	ccept the appoi	ntment as reg	gistered
	egistered agent, or both, in the St im familiar with, and accept the ob	late of Florida. Such change was bligations of, Section 607.0505, I	Florida Sta	tutes.	ion's sould of directors.	ccept the appoi	ntment as reg	gistered
office or reagent. I a	registered agent, or both, in the St im familiar with, and accept the ob- Signature, typed or printed name of registered	late of Florida. Such Change was bligations of, Section 607.0505, I	Florida Sta	tutes. d Agent signature requi	red when reinstating)	DATE		·
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the St im familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS D RANDELL, PATRICIA P 3815 KINGS WAY BOCA RATON FL 33434	date of Florida. Such change was pligations of, Section 607.0505, I diagent and title if applicable. (No. AND DIRECTORS DELETE	TE: Registere 13	d Agent signature requi	red when reinstating) . ADDITIONS/CHANGES TO	DATE	ND DIRECTO ☐ Change	RS IN 12
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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 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 changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90015 030 ***150.00

Addition