1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400054446 1. Corporation Name

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90016 049 ***150.00

| | L ADVISORS, INC. | Mailing Address | | | | | | | | |
|--|--|--|--|--|--|---|----------------------------|-----------------------------------|--|------------------|
| | | - | | | ĺ | | | | | |
| 6096 N.W. 30TH WAY BOCA RATON FL 33496 BOCA RATON FL 33496 | | | | | 1 | | | | | |
| | | | | | a. Data la | DO NOT Wi corporated or Qualife | | IS SPACE | - | ı |
| | | | | | 07/21/ | • | 3 0 | | | |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | 4, FEI Nur | | | | Applied For | ĺ |
| 21 | | 26 | | | 65-05 | 09773 | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | - | | | te of Status Desired | | | Additional | |
| | | 27 | | | 5. Certifica | te of Status Desired | | | Required | |
| City & State | | City & State | | | | Campaign Financin | 9 | | May Be | - |
| 23 | | 28 | | | | ind Contribution | | | d to Fees | |
| Zip | Country | Zip | Countr | У | 1 ** | poration owes the cu I Property Tax. | urrent year I | Intangible ☐ Yes | □No | |
| 24 | 9. Name and Address of Curi | 29 Zent Registered Agent | 30 | | | and Address of New | Registere | | | ĺ |
| | 9. Name and Address of Our | Tent Negistered Agent | 84 | 1 Name | 19, | | | <u></u> | | ĺ |
| LICH | KEN, GERALD M | | 82 | Step at A | Address (D.O. Boy | Number is Not Accer | ntable) | | | |
| 6096 N.W. 30TH WAY | | | 04 | 2 Sueer A | Address (F.O. Box | ress (P.O. Box Number is Not Acceptable) | | | | |
| BOO | CA RATON FL 33496 | | 83 | 3 | | | | | | |
| | | | 84 | 4 City | | | | . 85 Zi | o Code | |
| | | | - | 0.0, | | | F | | | |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statut | tes, the above | ve-named o | corporation submits | this statement for threetors. I hereby acc | e purpose | of changing | ts registered registered | |
| office or i | registered agent, or both, in the Sta am familiar with, and accept the obl | ate of Florida. Such change was a igations of, Section 607.0505, Flo | authorized by orida Statute | y the corpo | corporation submits tration's board of di quired when reinstating) | this statement for the rectors. I hereby according | ne purpose cept the app | of changing cointment as | its registered registered | i |
| office or r agent. I a | registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered in | ate of Florida. Such change was a igations of, Section 607.0505, Flo | authorized by orida Statute | y the corpo | ration's board or di | this statement for the rectors. I hereby according to the rectors of the rectors | DATE | AND DIRECT | FORS IN 12 | (0.0) |
| office or a agent. I a SIGNATURE | registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered in | te of Florida. Such change was a gations of, Section 607.0505, Floring agent and title of applicable. (NOTE | euthorized by orida Statute :: Registered Age | y the corpo | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTAND | ORS IN 12 | 100,717 |
| office or ragent. I a SIGNATURE | registered agent, or both, in the Sta rm familiar with, and accept the obl Signature, typed or printed name of registered of OFFICERS | ate of Florida. Such change was a gations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS | euthorized by orida Statute: Registered Age | y the corpo | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTAND | ORS IN 12 | (00) |
| office or agent. I a SIGNATURE 12. | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered of OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET | ate of Florida. Such change was a gations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS | E: Registered Age 13. 1.1 TITLE 1.2 NAME | y the corpo | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTAND | ORS IN 12 | |
| office or in agent. I a SIGNATURE 12. IIILE NAME | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered of OFFICERS PD UCHEN, GERALD M | ate of Florida. Such change was a igations of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, F | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 CYPES 1.4 CITY- | y the corpo | equired when reinstating) | rectors. I nereby acc | DATE | AND DIRECTOR | FORS IN 12 | |
| office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered of OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET | ate of Florida. Such change was a gations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 CTT- 1.4 CITY- 2.1 TITLE | ent signature re | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTAND | FORS IN 12 | |
| office or in agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a igations of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, F | : Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 CITY- 2.1 TITLE 2.2 NAME | y the corpo | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 | |
| office or in agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a igations of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, F | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE | ent signature reservables ST-ADDRESS | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 | |
| office or in agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a igations of, Section 607.0505, Floridation of Section 607.0505, Floridation 607.0505, F | : Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 CITY- 2.1 TITLE 2.2 NAME | ent signature reservables ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 e | |
| office or in agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a regations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- | et ADDRESS ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 e | |
| office or in agent. I a agent. I a september 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a regations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME | et ADDRESS ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 e | |
| office or i agent. I a agent. I a sept. I a se | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a regations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME | et ADDRESS ST-ZIP ET ADDRESS ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 e | |
| office or in agent. I a agent. I a september 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with a contract the oblessing familiar with accept the oblessing f | ate of Florida. Such change was a regations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | ### 13. ### 1.1 TITLE | et ADDRESS ST-ZIP ET ADDRESS ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR | FORS IN 12 P Addition Addition | |
| office or agent. I a agent. I a signature 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP CONTROL OF ADDRESS CITY-ST-ZIP CONTROL OF ADDRESS CITY-ST-ZIP | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- | et address st-zip et address st-zip et address st-zip et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR Change | FORS IN 12 P Addition Addition | |
| office or in agent. I a agent. I a agent. I a service of the servi | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET HOLLYWOOD FL 33019 | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME | et address st-zip et address st-zip et address st-zip et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR Change | FORS IN 12 P Addition Addition | |
| office or i agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET HOLLYWOOD FL 33019 | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- | et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR Change Change | FORS IN 12 e Addition Addition | |
| office or agent. I a agent. I a agent. I a service of agent. I a service of agent. I | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET HOLLYWOOD FL 33019 | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE | ### ITTLE ### IT | et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR Change | FORS IN 12 e Addition Addition | |
| office or agent. I a agent. I a agent. I a service of agent. I a service of agent. I a service of agent. I agen | registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD LICHEN, GERALD M 320 ARIZONA STREET HOLLYWOOD FL 33019 | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME | ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | equired when reinstating) | NS/CHANGES TO C | DATE | AND DIRECTOR Change Change | FORS IN 12 e Addition Addition | |
| office or agent. I a agent. I a agent. I a service of agent. I agent | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing familiar with a construction with a construction of the oblessing familiar with a cons | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE | ### TRUE 13. | et address st-zip et address st-zip et address st-zip et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE DEFICERS | AND DIRECTOR Change Change | FORS IN 12 e Addition Addition | |
| office or agent. I a agent. I a agent. I a service of agent. I agent | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing familiar with a construction with a construction of the oblessing familiar with a cons | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE | ### 13 | et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE DEFICERS | AND DIRECTOR Change Change Change | FORS IN 12 B Addition Addition Addition | (00)777 700-1040 |
| office or i agent. I a agent. I a agent. I a separe. I a separe. I a separe. I agent. I a separe. I agent. I a separe. I agent. I | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing familiar with a construction with a construction of the oblessing familiar with a cons | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE | ### 13 | et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE DEFICERS | AND DIRECTOR Change Change | FORS IN 12 B Addition Addition Addition | |
| office or i agent. I a agent. I a agent. I a separe. I a separe. I a separe. I agent. I agent | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing familiar with a construction with a construction of the oblessing familiar with a cons | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE | ## Registered Age | ent signature reserved and signature reserved | equired when reinstating) | NS/CHANGES TO C | DATE DEFICERS | AND DIRECTOR Change Change Change | FORS IN 12 B Addition Addition Addition | |
| office or i agent. I a agent. I a agent. I a separe. I a separe. I a separe. I agent. I a separe. I agent. I a separe. I agent. I | registered agent, or both, in the Statem familiar with, and accept the oblessing familiar with accept the oblessing familiar with a construction with a construction of the oblessing familiar with a cons | ate of Florida. Such change was a rigations of, Section 607.0505, Floring agent and title of applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE | ## Registered Age | et address st-zip | equired when reinstating) | NS/CHANGES TO C | DATE DEFICERS | AND DIRECTOR Change Change Change | FORS IN 12 B Addition Addition Addition | |

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 supplied ental 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 of under demonstration of the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of under the same legal effect as if made under oath; that I am an officer or director of the corporation of the c

SIGNATURE:

1-16-99 561-988-9955