

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000080350 (9)

1. Corporation Name

L.T.J. INVESTMENTS, INC.

Principal Place of Business
**4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

Mailing Address
**4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report
4. FEI Number 65-0537702	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BISHINS, LARRY V
4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 into it signature)

DATE Registered Agent (signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BISHINS, LARRY V	1.2 NAME	Delete
STREET ADDRESS	4548 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	FORT LAUDERDALE FL 33308	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	D/P/S/T
STREET ADDRESS		2.3 STREET ADDRESS	Craig Sirota
CITY, ST, ZIP		2.4 CITY, ST, ZIP	19070 Fox Landing Drive
TITLE		3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	V
STREET ADDRESS		3.3 STREET ADDRESS	Janet Sirota
CITY, ST, ZIP		3.4 CITY, ST, ZIP	19070 Fox Landing Drive
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE:

Craig A. Sirota
CRAIG A. SIROTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95
DATE

407-995-8499
TELEPHONE NUMBER