	OW: FILING FEE	AFTER MA	Y 1 IS	\$550.0	0			APP	ijov.	ŒD
PROFIT CORPORATION ANNUAL REPORT		FLORIDADEPARTMENT OF STATE Sandra B. Mortham			E	ALL				
1998		Secretary of State DIVISION OF CORPORATIONS				98 JAN 27 AM 11: 54				
	/ENT # P9400008	0350								
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
L.T.J Investments, Inc.										.Uniua
Principal Place	of Business	Melling Address			\dashv					
4548 No Federal Hwy 4548 No Federal Hwy										
Ft Lauderdale, FL Ft Lauderdale, FL 33308						3. Date Incorporated or	Qualified	\$a. Date of	Last Re	port
33308 2. Principal Place	se of Business	2a. Mailing Address				10/31/94 1996 4. FEI Number Applied Fo			Applied For	
Suite, Apl.#,	eto	Suite, Apt. #, etc.				65-0537702		Not Applicable \$8.75 Additional		
22]	•w.	27				5. Certificate of Status			Fee	Required
Olty & State 23)		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 261	Zip 29	Co 30	Country		8. This corporation has Florida Statutes	liablity for	_	x under	s. 199.032,
	Name and Address of Curren			B1 Name		10. Name and Address	of New Re	glatered Age	ent	
Larry V			Addres	ss (P.O. Box Number is N	lot Accept	able)				
4548 No Federal Highway				83	radio					
Fort Lauderdale, FL 33308				84 City		· · · · · · · · · · · · · · · · · · ·	_		86 Zir	p Code
	he provisions of Sections 607,0502	1007 4500 Pi -14. 4	5 1-4 4 - 44 -					ᅡᆫ		
	LARLY V. BIS. Signature, typed or printed name of regis OFFICERS AT PVSTD			<u></u>		ant signature required when ADDITIONS/CHANGE		DA FICERS AND	TE	TORS IN 12 Addition
NAME	M∉ Craig Sirota			1.2 NAME		000	002	:421	-	
STREET ADDRESS CITY - ST - ZIP	7119 Via Marbe. Boca Raton, FL			1.3 STREET ADD 1.4 CITY - ST - Z	- 1			4/930 900.00	1090)001 *000 on
ME		DEL	ETE	2.1 TITLE 2.2 NAME					ange	Addition
NAME! STREET ADDRESS				2.3 STREET ADD	- 1					
OTY - ST - ZIP				3.1 TITLE	ZIP					Addition
NAME Street address		DEL	.E.I.E.	3.2 NAME 3.3 STREET ADD 3.4 CITY - ST - Z	DRESS	REINSTA			ange	
CITY-ST-ZIP		DEL	FTF	4.1 TITLE	LIP	CESTA POST			a/10	Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADD	DRESS				4	allen
OTTY - ST - ZIP				4.4 CITY - ST - Z 5.1 TITLE	ZIP				1/1	1227
ittle Name	1	DEL	ETE	5.2 NAME				∐_Ch	ange ^	** Addition
STREET ADDRESS CITY - ST - ZIP				5.3 STREET ADD 5.4 CITY - ST - Z						
TITLE NAME		DEL	ETE	6.1 TITLE 6.2 NAME				Ch	ange	Addition
STREET ADDRESS CITY - ST - ZIP				6.3 STREET ADD 6.4 City - St - Z						
information	Describy that the Information supplied indicated on this sumual report or sufficient or disector of the corporation block 12 or Blooky 13 if changed, or a supplied to the corporation block 12 or Blooky 13 if changed, or	applemental annual repo or the teceiver of truste of an attachment with a	ori is true and se empowere n address.	accurate and to execute ti	l that n his rep	ny signature shall have the ort as required by Chapt	ne same le	gal effect as	n made	under cath;
SIGNATI		thosera	aig Si	rota-/	16-	98		954-77		
	SIGNATURE AND TYP	ED OR PRINTED NAME OF	SIGNING OFF	CER OR DIRE	CTOR	Dal	ie e	De	ytime Ph	one#