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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000080528 (0)

1. Corporation Name
LILY TRADING, INC.



Principal Place of Business
1739 NW 80TH AVE #C-28
MARGATE FL 33063

Mailing Address
1739 NW 80TH AVE #C-28
MARGATE FL 33063-9427

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0535492

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, JAMES C.
1739 N.W. 80TH AVE. #C-28
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

(b)(7) Registered Agent signature required when reinstating

1-9-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LEE, JAMES C
STREET ADDRESS 1739 NW 80TH AVE #C-28
CITY-ST-ZIP MARGATE FL 33063

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DS
NAME LEE, LILY
STREET ADDRESS 1739 NW 80TH AVE #C-28
CITY-ST-ZIP MARGATE FL 33063

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 registered 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.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146789

CR2E034 (9/96)