

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90008 022 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000082747					
1. Corporation Name L & R MANAGEMENT GROUP, INC.					
Principal Place of Business 6499 NW 9TH AVE SUITE 108 FT LAUDERDALE FL 33309			Mailing Address 6499 NW 9TH AVE SUITE 108 FT LAUDERDALE FL 33309		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/14/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0540633	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CIUFERRI, LOUIS 6499 NW 9TH AVE, STE 108 FT LAUDERDALE FL 33309				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D CIUFERRI, LOUIS				1.2 NAME	
STREET ADDRESS 6499 NW 9TH AVE SUITE 108				1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33309				1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)