

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # P95000014010 (9)

1. Corporation Name
LCP REAL ESTATE CORPORATION

Principal Place of Business

**760 N.W. 107TH AVENUE
SUITE 400
MIAMI FL 33172**

Mailing Address

**760 N.W. 107TH AVENUE
SUITE 400
MIAMI FL 33172-3157**



3. Date Incorporated or Qualified **02/20/1995** 3a. Date of Last Report **05/03/1996**

4. FEI Number **65-0569542** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**NEALON, THOMAS F III
760 N.W. 107TH AVE.
SUITE 400
MIAMI FL 33172**

10. Name and Address of New Registered Agent

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 607.1508, 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 of person appointed as registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **KRASNOFF, JEFFREY P**
STREET ADDRESS **700 N.W. 107TH AVENUE SUITE 400**
CITY - ST - ZIP **MIAMI FL 33172**

TITLE **DVP** ☐ DELETE

NAME **LEWIS, WILLIAM M F**
STREET ADDRESS **1585 BROADWAY 37TH FLOOR**
CITY - ST - ZIP **NEW YORK NY 10036**

TITLE **VP** ☐ DELETE

NAME **LEVIN, DAVID**
STREET ADDRESS **760 N.W. 107TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33172**

TITLE **AS** ☐ DELETE

NAME **NEALON, THOMAS F., III**
STREET ADDRESS **760 N.W. 107TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33172**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **Thekla Blaser**
1.3 STREET ADDRESS **760 NW 107th Avenue, Suite 400**
1.4 CITY - ST - ZIP **Miami, FL 33172**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 included 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.

SIGNATURE: Thomas F. Nealon III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

305-220-4300

Date Daytime Phone

CR2E034 (9/96)