

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -3 PM 1:21

DOCUMENT # **P95000014010**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

4. FET Number

65-0569542

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 **25**

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**

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. Thereby 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 the date of signature

(NOTE: Registered Agent Signature must be in blue or black ink)

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	VP	[] DELETE
NAME	BLASER, THEKLA	
STREET ADDRESS	760 NW 107TH AVENUE, SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	[] Change <input checked="" type="checkbox"/> Addition
12 NAME	Schrager, Ronald E.	
13 STREET ADDRESS	760 NW 107th Ave., Suite 400	
14 CITY-ST-ZIP	Miami, FL 33172	
21 TITLE		[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald E. Schrager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Schrager 2/10/99

(305) 229-6692