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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000016186 (5)

LORJA, INC.

**FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							n komundar háð karáði akkin dennt dennt dennt hlend bringi (1684 feljar élih) (8				
540 EAST MCNAB RD. 540 EAST MCNAB RD.											
SUITE D POMPANO BEACH FL 33060					SUITE D POMPANO BEACH FL 33060					DO NOT WRITE IN THIS SPACE	
										3. Date Incorporated or Qualified 02/23/1995	
2. Principal P	lace of Busin	ness		2a.	Mailing Address					4. FEI Number Applied For	
Suite, Apt. #, etc.										65-0577762 Not Applicable	
22				27	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State				28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country				Zip Country			у		8. This corporation owes or has paid the current year Intangible	
24	25			29	30					Personal Property Tax due June 30.  Yes No	
<u> </u>		and Addres	of Current	Regis	tered Agent		-			10. Name and Address of New Registered Agent	
	Dates, Dai		_				81	Nam	e		
	1500 E ATLI Suite c	ANTIC STE	В				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)	
	ONAPANO I	FL 33060					83	1	············		
ŀ							84	City		85 Zip Code	
44 5	4				07.11.00 E 0			<u> </u>		FL 3 2000	
office or r agent. I a	registered ag im familiar wi	ions or Social jent, or both, th, and accep	in the State of the obligat	and 6 f Florid ons of	07.1506, Florida Statul da. Such change was : f. Section 607.0505, Fl	es, tne authoriz orida St	abov ed b atute	e-name y the co s.	orporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Skyratura turned	or printed name o	Lucia torn Lacront	and blo	if need cubic (NC)	t'- Doniere	rod Ao	ani nignati	eo con icon	d when reinstating) DATE	
12.			ICERS AND			13		On organic	re requiec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				DELETE	_	TITLE			☐ Change ☐ Addition	
NAME	WINTE	R, JANICE	Ţ			1.2	NAME				
STREET ADDRESS		E. 5TH CO				1.3	STREET	T ADDRESS	;		
CITY-ST-ZIP	<del> </del>	ano beaci	1 FL 33060			1.4	CITY-5	ST-ZIP	ļ		
TITLE	D				☐ DELETE	2.1	TITLE			Change Addition	
NAME		PSON, JAS				2.2	NAME				
STREET ADORESS		W. 18TH C				2.3	STREET	T ADDRESS	3		
CITY-ST-ZIP	POMP	ano Beaci	1 FL 33060		Drugge	_		ST-ZIP			
TITLE					☐ DELETE	ı i	TITLE			Change Addition	
NAME DANGER ADDRESS							NAME				
STREET ADDRESS								r address	· [		
CITY+\$T+ZIP TITLE					DELETE	_	CITY-:	ST-ZIP	+	☐ Change ☐ Addition	
NAME					Last DECEST		NAME				
STREET ADDRESS								r address	.		
CITY-ST-ZIP							CITY-S		`		
TITLE	<del> </del>				DELETE	_	TITLE	ai-cir	+	☐ Change ☐ Addition	
NAME						•	NAME				
STREET ADDRESS								ADDRESS	.		
CITY-ST-ZIP							CITY-S				
TITLE					DELETE		TITLE	er en	+	☐ Change ☐ Addition	
NAME							NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP							CITY-S				

14. I 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 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.

3/20/08