

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

• PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P95000017081 (7)**

1. Corporation Name  
**LITIGREETERS, INC.**

Principal Place of Business

**6156 NW 74 CT.  
PARKLAND FL 33067  
US**

Mailing Address

**6156 NW 74 CT.  
PARKLAND FL 33067  
US**

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

**DORSKY, ERIC ESQ.  
4430 SW 84 AVENUE  
DAVIE FL 33314**

**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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [ ] DELETE

NAME **BINDER, PERRY Z**  
STREET ADDRESS **3427 Q NORTH DRUID HILLS RD**  
CITY-STATE-ZIP **DECATUR GA**

TITLE **D** [ ] DELETE

NAME **HONOWITZ, SETH A**  
STREET ADDRESS **6156 NW 74 CT**  
CITY-STATE-ZIP **PARKLAND FL**

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- Because I never received  
the 1st Notification, I  
am enclosing check for  
\$150.00 + will be happy to  
discuss (954-761-1100)  
Thank you *Seth Dorsky*

[ ] Change [ ] Addition

RECEIVED 12/06/98  
10/13/98 01008-011  
\*\*\*150.00

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 registered agent 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

CR2E034 (5/98)