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

PROFIT CORPORATION ANNUAL REPORT

1 . .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jun 04 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS	n State
DOCUMENT # P95000039001	
LORRAINE INCOME PROPERTIES, INC	
Principal Place of Business Mailing Address	
GIOS MISSION HILLS AVE 5105 MISSION HILLS AVE	
DO NOT MIDITE IN THIS SE	PACE
TAMPA, FL 336/4 TAMPA, FL 336/7 3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 QS-0S8202-7	Not Applicable
Suite. Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Crity & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curre 24 25 29 30 Personal Property Tax due June 30.	ent year Intangible Yes
24 25 29 30 Personal Property Tax due June 30. LJ 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MANUEL ELKIND 81 Name	
5105 MISSION HILLS AVE 82 Street Address (P.O. Box Number is Not Acceptable)	·····
AND MISSION HILLS WAS	
TAMPA, FZ 33617	
	85 Zip Code
46 Described in the Control of Co	changing its registered
11. Pursuant to the provisions of sections but 1.002 and 607.1006, Florida Statutes, the above-hamed corporation submits this statement for the purpose of confice 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 appoint and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ntment as registered
SIGNATURE	
Signature typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE	NDEOTODO III 40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE 11 TITLE	Change Addition
NAME MANUEL ELKIND 1.2 HAME	
STREET ADDRESS 5/05 MISSION HIS AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33GIT 1.4CITY-ST-ZIP	
CITY-ST-ZIP TRIMPH, FC 33G17 14CITY-ST-ZIP	Change Addition .
CITY-ST-ZIP TRANPA, FC 33617 14CITY-ST-ZIP	Change Addition
CITY-51-ZIP TRIMIPA, FC 33G17 1.4 CITY-51-ZIP TITLE NAME STREET ADDRESS 1.4 CITY-51-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP TRIMPA FC 33GIT	
CITY-51-ZIP TRINIPA	Change Addition Change Addition
CITY-ST-ZIP TRIMPA FC 33GIT	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	
TAMPA FC 33617	☐ Change ☐ Addition
DELETE D	☐ Change ☐ Addition
DELETE D	Change Addition
DELETE TRINIPA FC 33(617)	☐ Change ☐ Addition
DELETE TRIVIPA FC 33(617) 1.4 (11Y-ST-ZIP 1.4 (11Y-ST-	Change Addition
DELETE TRINIPA FC 33(617)	Change Addition
1.4 CITY-ST-ZIP	Change Addition Change Addition Change Addition
TRINIPA FC 33(c) 14 CITY-ST-ZIP TITLE DELETE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CRY-ST-ZIP DELETE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 51 TITLE DELETE 51	Change Addition Change Addition Change Addition
TRIPLE DELETE 1 TITLE DELETE 2 TITLE DELETE 3 TITLE DELETE 4 TITLE DELETE 5 TITLE DELETE	Change Addition Change Addition Change Addition

r neceby 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 informatio 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