

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90063 004 ***150.00

DOCUMENT # P95000039001

1. Corporation Name

LORRAINE INCOME PROPERTIES, INC. *OK*

Principal Place of Business
5105 MISSION HILLS AVENUE
TAMPA FL 33617

Mailing Address
5105 MISSION HILLS AVENUE
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

65-0582027

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2421 TERESA Circle

Suite, Apt. #, etc.

22 B

City & State

23 TAMPA FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 2421 TERESA Circle

Suite, Apt. #, etc.

27 B

City & State

28 TAMPA FL

Zip

29 33629

Country

30 USA

9. Name and Address of Current Registered Agent

ELKIND, MANUEL
5105 MISSION HILLS AVENUE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name MANUEL ELKIND

82 Street Address (P.O. Box Number is Not Acceptable)

2421 TERESA Circle # B

83

84 City TAMPA

FL

85 Zip Code 33629

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MANUEL ELKIND

4/30/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELKIND, MANUEL
STREET ADDRESS 5105 MISSION HILLS AVENUE
CITY-ST-ZIP TAMPA FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2421 TERESA Circle B
1.4 CITY-ST-ZIP TAMPA, FL 33629

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL ELKIND 4/30/99

Date

Daytime Phone #

813-251-0895

CR2E034 (11/98)