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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000075619 (3)

	LA-BAR	OF SO	FLA., INC.											
Principal Place of Business Mailing Address									·	ı tabiliğin ilk iktor birli öblik gölli obli	i kaitt ialat Bria	Maline Line	in i filit i nat	
1130 NW 118TH AVE 1130 NW 118TH AVE PLANTATION FL 33323 PLANTATION FL 33323 US US										DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified 10/02/1995				
2.	Principal P	lace of Busin	ness	2a. Mailing Address			+	4. FEI Number		IAD	plied For			
21				26	26				65-0614411		<del></del>	t Applicable		
22	Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		3. <b>75</b> A	dditional quired		
23	City & State	в		City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00	May Be		
	Zip		Country	Zip	Zip					8. This corporation owes or has pai	d the current y	ear <b>I</b> nta		
24	25 29 30  9. Name and Address of Current Registered Agent									Personal Property Tax due June 10. Name and Address of New Reg			11/10	
ADELSON, BARRY E 81 Name												<del>/</del>		
4214 W PARK FROAD 1130 NW 118 AUE							32	Stroot (	Addrasi	Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33021- PLANTATION, FC. 3332							1			s (r. o. box number is not Acceptable				
			Torno	11111000, 10	83									
						8	34	City			<b>—.</b> 85	Zip (	Code	
A D										ation as harden the statement for the sai	FL "			
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 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 agent. I am familiar with, and accept the obligation of Societion 607,0505, Florida Statutes.												ging its ent as	s registered registered	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )														
Sit	GNATURE	11-	or printed name of registered age	nt and title if applicable.			Agen	il signature	required v	when reinstating)	DATE			
12			OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICE				
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ì	STREET ADDRESS A214 W PARK ROAD				2.3 STREET ADDRESS			113	3 VA 81) WA 0			ı		
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NAJ	ME					3.2 NAM	ΙĒ							
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-	Y-ST-ZIP					4.4 CITY								
101					DELETE	5.1 TITLE						hange	Addition	
NAI	ME					5.2 NAM	Æ							
STA	EET ADDRESS					5.3 STRE	ET A	ADDRESS						
CIT	Y-ST-ZIP					5.4 CITY	- ST-	-ZIP						

14. Thereby 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 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 occupration 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 3,4 changed to be an attachment with an address

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

3-20-98

Change

Addition

**FILED** 

Mar 25 1998 8:00am

Secretary of State