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

DOCUMENT # P95000075619

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LA-RAH	OF SO. FLA., INC.				F INNINANT EIN INNIN ANTEL MARTE NATUR ANTEL)	
		84-11 8-14			_{ `	HIL I rre di bihin dhibi i	1 610 10 11 1001
Principal Plac		Mailing Address					•
1130 NW 118TI PLANTATION F		1130 NW 118TH AVE PLANTATION FL 33323					
US FLANTATION F	-L 33323	US			DO NOT WRITE IN TH	IS SPACE	1
00	•				3. Date Incorporated or Qualifed		
•					10/02/1995		
2. Principal Place of Business 2a. Mailing Address				•	4. FEI Number	Арр	lied For
21		26			65-0614411		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	1
22		27			5. Columbia of California	Fee Rec	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 ı	
23		28			Trust Fund Contribution	Added to	Fees
			_ `	Country 8. This corporation owes the current year Intangible Personal Property Tax Property Tax			
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registere		LINU
•	9. Name and Address of Currer	it Registered Agent	81	Name	iv. name and Aduress of New Register	u Ayent	
ADF	LSON, BARRY E	• •	[8,				
1130 NW 118TH AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33323			83	1		2011 Sept 20	rive Dat 1881
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100	Ί,			13,21, 52
			84	City		85 Zip C	ode
1000 12 4 4 1 15	COT 000	22 and COZ 1500. Florida Statuta	the abov	o named com	oration submits this statement for the purpose	of changing its r	registered:
office or)	registered agent or both in the State	of Florida, Such change was auti	horized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute:	S.			1
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE R	enistered Ane	nt signature required	d when reinstating) · · · DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES, TO OFFICERS	AND DIRECTOR	RS IN 12 .
TITLE	PSD	☐ DELETE	1.1 TITLE		Tipo est est	Change	Addition
NAME	ADELSON, BARRY E		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CITY-5	ST- ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	ADELSON, LAURA J		2.2 NAME				
STREET ADDRESS	AAOO ARNI AAOTII AME		2.3 STREE	TADORESS			
CITY-ST-ZIP	PLANTATION FL 33323	1	2.4 CITY-	ST-ZIP			
TITLE			3.1 TITLE		,	Change	☐ Addition
NAME :		☐ DELETE					Į.
STREET ADDRESS		[] DELETE	3.2 NAME				i
	Strain Maria de la	: DELETE	3.2 NAME	T ADDRESS		gg ja paggar	· 2字句 / 1982
CiTY-ST-ZIP	Property of		3.2 NAME	T ADDRESS		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	The Marie Royal	☐ DELETE	3.2 NAME 3.3 STREE	T ADDRESS		Change	Addition
TITLE	Professional Control of the Control		3.2 NAME 3.3 STREE 3.4. CITY-	ET ADDRESS ST-ZIP		Change	Addition
	Processing the second s		3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME	ET ADDRESS ST-ZIP		☐ Chánge	Addition
TITLE NAME	Processing the second s	☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			
NAME STREET ADDRESS	Processing the second s	DELETE	3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Processing the second s	☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
TITLE NAME SYREET ADDRESS CITY-ST-ZIP TITLE	Programme States	☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	60.3 (60.4) (☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS			

14. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90016 016 ***150.00

954-723-9608