

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90014 039 ***150.00

DOCUMENT # P96000003438

1. Corporation Name

L & M INTERIOR CONCEPTS, INC.

Principal Place of Business

1016 CAROLINA AVE
FORT LAUDERDALE FL 33312
US

Mailing Address

1016 CAROLINA AVENUE
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

NOT APPLICABLE

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 1280 NW 78th TERR

Suite, Apt. #, etc.

22 City & State

23 PLANTATION FL

24 Zip 33322 25 Country US

2a. Mailing Address

26 1280 NW 78th TERR

Suite, Apt. #, etc.

27 City & State

28 PLANTATION FL

29 Zip 33322 30 Country US

9. Name and Address of Current Registered Agent

MONTE, LEO
1016 CAROLINA AVENUE
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name MONTE, LEO

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

1280 NW 78th TERR

83

84 City PLANTATION FL

85 Zip Code

33322

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONTE, LEO
STREET ADDRESS 1016 CAROLINA AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ DELETE

TITLE D
NAME MONTE, MIRELLE
STREET ADDRESS 1016 CAROLINA AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D MONTE, LEO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1280 NW 78th TERR
1.4 CITY-ST-ZIP PLANTATION FL 33322

2.1 TITLE D MONTE, MIRELLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1280 NW 78th TERR
2.4 CITY-ST-ZIP PLANTATION FL 33322

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

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

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

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

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 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

Montes

4/13/99

(954) 915-0984

CR2E034 (1/98)