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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600009693 (8)

LI REALTY, INC.

Principal Place of Business

| 3044 S. MILITA<br>LAKE WORTH   |   | 3044 S. Milltary Trail<br>Lake Worth FL 33463-2122 |              |               |            |   |  |          |              |        |                   |
|--|---|--|--------------|---------------|------------|---|--|----------|--------------|--------|-------------------|
|  |   |  |              |               |            |   | 3. Date Incorporated or Qualified 01/29/1996   | 3a. Da   | te of L      | ast Re | port              |
| 2. Principal P   | tace of Business                                      | 2a. Maifin   | g Adoress    |               |            | · ·····   | 4. FEI Number  | <u> </u> |              | Apr    | olied For         |
| 26   |   |  |              |               | 65-0640823 | 65-0640823  |  |          | Not Applicab |        |                   |
| Suite, Apt. #, etc.   Suite, Apt. #, etc.   27                         |   |  |              |               |            |   | 5. Certificate of Status Desired See Required Fee Required   |          |              |        |                   |
| City & Stat  | е   |  | City & State |               |            | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe |  |          |              |        |                   |
| Zip  | Country   | Zip  |              | Cou           | ntry       |   | 8. This corporation has liability for  |          |              | der s. | 199.032,          |
| 24   | 25  | 29   |              | 30            |            | ·····   |  | Yes 👣    | _            |        |                   |
| 9. Name and Address of Current Registered Agent                        |   |  |              |               |            | 10. Name and Address of New Registered Agent                                  |  |          |              |        |                   |
| COHEN, RICHARD S<br>1061 FORUM PL., STE. 404<br>W. PALM BEACH FL 33401 |   |  |              |               | 81<br>82   | Name<br>Street Add  | idress (P.O. Box Number is Not Acceptable)   |          |              |        |                   |
| ¥¥. I  | PALMI DEACTI PL 33401                                 |  |              |               | В3         |   |  |          |              |        |                   |
|  |   |  |              |               | 84         | City  |  | FL       | 85           | Zip C  | ode               |
| SIGNATURE  | Site along hyperfire period or nacional monastered ag | jest and bile a appoin                             | o/l) side    | TE: Registere | d Age      | nt signature requi  | red when reinstating)  | DATE     |              |        |                   |
| 12.  | OFFICERS AN   | ID DIRECTORS                                       |              | 13.           |            |   | ADDITIONS/CHANGES TO OFFIC   | ERS AND  | DIREC        | TORS   | IN 12             |
| TITLE  | D   |  | DELETE       | 1.1 TI        | TLE        |   |  |          | Cha          | ange   | Additio           |
| NAME   | NINER, ROSEMARY                                       |  |              | 1.2 N         | ME         |   |  |          |              |        |                   |
| STREET ADDRESS   | 3044 S. MILITARY TRAIL                                |  |              | 1.3 \$1       | REET       | ADDRESS   |  |          |              |        |                   |
| CITY - ST - ZIP  | LAKE WORTH FL 33463                                   |  |              | 1.4 CI        | TY-S       | T-ZIP   |  |          |              |        |                   |
| DHLE   |   |  | ☐ DELETE     | 2.1 TI        | TLE        |   |  |          | ☐ Cha        | ange   | Additio           |
| NAME   |   |  |              | 22 N          | ME         |   |  |          |              |        |                   |
| STREET ADDRESS   |   |  |              | 2.3 \$1       | REET       | ADDRESS   |  |          |              |        |                   |
| OFY-SI-ZP  |   |  |              | 2.40          | ITY-S      | ST-ZIP  |  |          |              |        |                   |
| THILE  |   |  | DELETE       | 3.1 TI        | ILE        | ľ   | J. Comments of the comment of the co |          | ☐ Cha        | ange   | Addition Addition |
| NAME   |   |  |              | 3 2 N         | ME         |   | ·  |          |              |        |                   |
| STREET ADDRESS   | •   |  |              | 3.3 \$3       | REET       | ADDRESS   |  |          |              |        |                   |
| CITY+ST 200  |   |  |              | 3.4 C         | ITY-S      | ST-ZIP  |  |          |              |        |                   |
| M.E  |   |  | DELETE       | 4.1 Tu        | TLE        |   |  |          | ☐ Chi        | ange   | Additio           |
| NAME   |   |  |              | 4.2 N         | AME        |   |  |          |              |        |                   |
| STREET ADDRESS   |   |  |              | 4.3 S         | REET       | ADDRESS   |  |          |              |        |                   |

14. I do 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 artial 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 component or the receiver or true terest to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an artificial ment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

Tille

NAME STREET ADDRESS

ATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/18/97

200002098652\*\*\* -02/26/97--01079--002 \*\*\*165.00

561-964-2444

Change

Addition

Addition

**FILED** 

Feb 25 1997 8:00am

Secretary of State