PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000024889**1. Corporation Name

P & L ENTERPRISES OF S. FL, INC.

Principal Place of Business Mailing Address								* Ideliant its itsus orth dout sour sour dans)11 Braws	
2511 CAT CAY LANE 2511 CAT CAY LANE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312							DO NOT WRITE IN THIS S	PACE		
								Date Incorporated or Qualifed 03/15/1996		
2. Principal Pl	ace of Business	2a	2a. Mailing Address					4. FEI Number Applied F		
21 "5" AM C			26 SAME					65-0654241		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	-	5 Additional Required
22			City & State							
City & State	•		City & State					6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	28	Zip		Country	ν		8. This corporation owes the current year Intal		
24	25	29	•	30	-	•			Yes	
	9. Name and Address of Curre	nt Regis	stered Agent					10. Name and Address of New Registered A	gent	
OFTE	TOCON LODDAINE I				81	1 1	Name			ļ
PETERSON, LORRAINE J 2511 CAT CAY LANE					82	2 5	Street Addr	ress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312					83	2				
, ,. <u>.</u>	5 10 5 E 1 1 2 0 0 7 E								,—-	
					84	4 (City	FL	85 Z	Ip Code
l office or re	to the provisions of Sections 607.05 agistered agent, or both, in the Staten familiar with, and accept the oblig	e of Flori	da. Such change was a	อบเทอ	rizea by	y ine	amed corp e corporation	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoint	nanging ment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title	f applicable (NOT	F Red	stered Age	ent si	onature require	ed when reinstating) OATE		
12.	OFFICERS A			Z. Mag.	13.		***************************************	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	PS		DELETE	7	1.1 TITLE				☐ Chan	nge 🗌 Addition
NAME .	PETERSON, LORRAINE J				1.2 NAME					
STREET ADDRESS	2511 CAT CAY LANE			Ì	1.3 STREE	ET AD	DORESS			
CITY-ST-ZIP						CITY-ST-ZIP			Chan	ge Addition
TITLE	***				2.1 TITLE 2.2 NAME					go
NAME	CALLEY, PATRICIA 2511 CAT CAY LANE			1	2.3 STREE		ADDESS			
STREET ADDRESS	FT. LAUDERDALE FL 33312			ı	2.4 CITY-					
CITY-ST-ZIP	TIT ENOUGH TE OOUTE		☐ DELETE	1	3.1 TITLE				Chan	ge Addition
NAME				1	3.2 NAME					
STREET ADDRESS				ı	3.3 STREE	ET AL	DDRESS			ļ
CITY-ST-ZIP				_	3.4. CITY-	-ST-Z	ZIP			F3.44 (9)
TITLE			☐ DELET€		4.1 TITLE				Chan	ige Addition
NAME					4. 2 NAME					
STREET ADDRESS				1	4.3 STREE					İ
CITY-ST-ZIP TITLÉ			[] DELETE	┪	5.1 TITLE		.ir		☐ Chan	nge
NAME					5.2 NAME					ļ
STREET ADDRESS					5.3 STREE	ETAL	ODRESS			1
CITY-ST-ZIP					5.4 CITY-	ST-Z	SP			
		-	[] DELETE		61TITE				Chan	nge 🗆 Addition

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.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90102 050 ***150.00