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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000039171 (9)

LAPLUME, INC.

**FILED** May 20 1998 8:00am Secretary of State



<u> </u>	70.								
Principal Place of Business Mailing Address							• • • • • • • • • • • • • • • • • • • •		
11701 NW 101ST ROAD 11701 NW 101ST ROAD									
MIAMI FL 33178 MIAMI FL 33178						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						05/03/1996			1
	lace of Business	2a. Mailing Address	ailing Address			4. FEI Number		A	pplied For
21		26			65-0672309		N	ot Applicable	
I Sure, Apr. #, etc. I Sure, Apr. #, etc.						5. Certificate of Status Desired	TO TO		Additional
27						5. Certificate of Status Desired	·	Fee R	equired
City & State   City & State						6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution	Ų,	Added	to Fees
Zip	<del>}-</del> ¬ ′			Country		8. This corporation owes or has p	_	_ ` ,	
24	25	129	30			Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent			
ļ	9. Name and Address of Curren	ir Hedisteted Adeiit		81	Name	10. Name and Address of New A	a Bisteled 1	igent .	
	IEDMAN, RON		[						
11701 NW 101ST ROAD MIAMI FL 33178			82 Street Add			ess (P.O. Box Number is Not Accepta	ble)		
Į M⊮		83							
			- [	ا"					
			Ī	84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the ab	ove	-named corp	oration submits this statement for the	purpose of	changing i	its registered
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the appointment as registered agent. If am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agn	nt and title if applicable (NO	IE Registered	Ager	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D	DELETE	1.1 T(T)	LE				[] Change	Addition 3
NAME	11.2.0, O.M.O.		1.2 NAM	ME					
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS				Įį
CITY-ST-ZIP			1.4 CIT		- ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	D							Change	☐ Addition
NAME	FALIC, JEROME		2.2 NAME						
STREET ADDRESS	11701 NW 101ST ROAD		2.3 STREET ADDRESS						i
CITY-ST-ZIP	MIAMI FL 33178	LIbritio	2. 4 CIT		T- ZIP		···	Channa	Addition
TITLE	D				ĺ			Change	☐ Addition
NAME	7132577 41, 11071			3.2 NAME					
STREET ADDRESS	,				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33178	DELETE	3.4. CtT		T-ZIP			Change	Addition
TITLE			4.1 TITL 4. 2 NA					טעוומויט נ	Addition
NAME					ADDRESS				
STREET ADDRESS	<b>™</b>				l				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S		- ZIP			Change	Addition
NAME		5.2 NA							
STREET ADDRESS	1		1		ADDRESS				l l
CITY-ST-ZIP									
TITLE			6 1 TITL	Y-ST-ZIP			Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS					ADDRESS				·
CITY-ST-ZIP			6.4 C(T)						
	certify that the information supplied wi	ith this filing does not qualify t				Section 119 07/31(i) Florida Statutes	further cer	tify that the	e information

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the informatio 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 cognoration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cogniged, or on an attachment with an address: