

FILE NOW. FILING FEE AFTER WHAT IS IS \$550.

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040253
1. Corporation Name
LP 21, INC



Principal Place of Business Mailing Address
1900 GLADES ROAD 1900 GLADES ROAD
450 450
BOCA RATON FL 33431 BOCA RATON FL 33431
US US

DO NOT WRITE IN

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes or has paid th Personal Property Tax due June 30. YES

9. Name and Address of Current Registered Agent

10. Name and Address of New Registrant

FRANKEL, MITCHELL ESQ.
1900 GLADES RD #450
BOCA RATON, FL 33431

81 Name

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

83

84 City

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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the 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)

DA

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS

TITLE P.T.D. DELETE
NAME LAWRENCE PHILLIPS
STREET ADDRESS 18025 SW 13TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33029

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME MITCHELL FRANKEL
STREET ADDRESS 3200 POPT ISLALE # 1112
CITY-ST-ZIP FT LAUDERDALE, FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 300002528498
6.2 NAME -05/18/98--01019--050
6.3 STREET ADDRESS 50.00
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 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence Phillips

4/29/98