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

**PROFIT CORPORATION** ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra 3. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048756 (6)

LMA REALTY INVESTMENTS, INC.

**FILED** Apr 30 1998 8:00am Secretary of State



Dringing Dis							((  68()  87874   1874   1874		
Principal Place of Business Mailing Address							ut anni alam latti 1886	. 64116 6111 (891	
AND NW. 30 STREET 23292 TORRE CIRCLE					ļ				
LAUGERDALE LAKES FL 33319 - BOCK HATON FL 33433						DO NOT WRITE IN THIS SPACE			
					t	3. Date Incorporated or Qualified			
						06/05/1996			
2. Principal P	Place of Bysiness	2a. Mailing Address	1 00	/	2.	4. FEI Number	I	Applied For	
21 0- 100	W. CYPRESCREEK A	DE 2700 W.	ypre	:55 C	RES	65-0673988		Not Applicable	
	#, etc.	Suite, pt. #, etc.	/			5. Certificate of Status Desired	□ \$8.7	5 Additional	
22 (-)	03	27 (-103				G. Continues of Oldicas Desired	Fee	Required	
City & Stat	AUDERDACE FL	City & State	~~~ A A	202	-17	6. Election Campaign Financing		00 May Be	
23 / / /	Country	28 7 , 77 UDE	Country			Trust Fund Contribution		ed to Fees	
24 3	7309 25 USA	1 22000 H	~ <i>/</i>	102	1	This corporation owes or has pa	<b>—</b> / ·		
<u> </u>	9, Name and Address of Current		30 <u> </u>	(07)		Personal Property Tax due June		☐ No	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  MARK, LOUIS  81 Name									
MANN, LOUIS									
BOCA RATON FL 33433					82 Street Address (P.O. Box Number is Not Acceptable)				
50	ON INTOIT IE 33433		83	<del>-</del>		<del> </del>			
			<u></u>						
			84	City			FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	s, the above	e-named	d corpora	ation submits this statement for the o	<del> </del>	n its registered	
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 Age	nt signature	re required w	when reinstating)	DATE	<del></del>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		-25		☐ Chang	e Addition	
NAME	Mark, Louis		12 NAME		//				
STREET ADDRESS	23282 TORRE CIRCLE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CRTY-S	T-ZIP	],	4		,	
TITLE		DELETE	2.1 TITLE		1//0	PRESIDENT	Chang	e Addition	
NAME			2.2 NAME		5734	LEN DARKOFSKY		`	
STREET ADDRESS	***	•	2.3 STREET	ADDRESS	636c	VA PALLABIUM			
CITY-ST-ZIP		<u></u>	2. 4 CITY - S	ST-ZIP	DOC A	RATON, FL 33/33		/	
TITLE		· · · DELETE	3.1 TITLE		Com	<i>.</i>	☐ Chang	e Addition	
NAME	4	•	3.2 NAME		DA	I manuscas			
STREET ADDRESS			3.3 STREET	ADDRESS	BRE	ENT MARKOFSKY O VIA PALLABIUM	1		
CITY-ST-ZIP	<del></del>		3.4. CITY-S	T-ZIP	Boc		·-		
TITLE		☐ DELETE	4.1 TITLE				Chang	e 🔲 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	1				
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP	ļ				
TITLE		☐ DELETE	5.1 TITLE				∟ Chang	B Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP		T occurs	54 CITY-ST	r-ZIP	ļ				
TETLE		☐ DELETE	61 TITLE		1		☐ Chang	e 🗀 Addition	
NAME			62 NAME						
STREET ADDRESS			6.3 STREET					J	
CITY-ST-ZIP	artify that the information avenue discrete	thin filling slage t Ef. f	6.4 CITY-ST		1	140 07(0V) F:			
indicated	ertify that the information supplied with on this annual report or supplemental a	inis niing does not quality for annual report is true and accur	ure exempt ate and tha	ion state it my sia	ed in Sec gnature si	ਸ਼ਾਹਨ (19.07(ਤ)(), Florida Statutes. I t hall have the same legal effect as if	urtner certify that t made under oath:	ne information   that I am an	
officer or of Block 12 of	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	er or trustee empowered to ex	ecule this	eport as	require	d by Chapter 607, Forida Statutes; a	and that my name a	appears in	
	ir oridinged, or or all atlact	mont printing dudiess.				, ,		1	