## 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 # P96000082885 (0)

THE LUCKY GROUP, INC.

HOLLARD, BRIAN

MIAMI FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

3550 BISCAYNE BLVD, STE 404

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Principal Place of Business Mailing Address								ı iddilədi ilu imild dilli Marii abili Bülar idilb bibbi idibi idibi idibi	(# #I		
3550 BISCAYNE BLVD. SUITE 404 3550 BISCAYNE BLVD. SUITE 40 MIAMI FL 33137								DO NOT WRITE IN THIS SPACE			
Ì								3. Date Incorporated or Qualified			
								10/03/1996			
2. Principal Place of Business 2a.				Mailing Address				4. FEI Number Applied	For		
21			26	26				65-0703745 Not App	olicable		
	ot. #, etc.		Suite, Ap	Suite, Apt. #, etc. 27				5. Certificate of Status Desired			
City & St	ate		City & Sta	City & State					- · · · · · · · · · · · · · · · · · · ·		
Zip 24	Country 25		Zip 29	30	Country	У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
								10. Name and Address of New Registered Agent			
MIAMI FL 33137						81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
						Cit	ty	FL 85 Zip Code			
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.											
SIGNATUR	E										
					legistered Ag	jeni sigi	nature require	Irod when reinstating)  DATE:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	<del></del>		
TITLE	PD	OF TOLING A		DELETE	1.1 TITLE		<u>-</u>		Addition		
					1.2 NAME			- Onlingt			
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ACTO DIGGALAGE BLAM ALIET ASA				2.3 STREE		ESS					
1					2 4 City-				- 1		
TITLE				3.1 TITLE	OL-TIL	_	☐ Change ☐	Addition			

14. Thereby 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 roceiver 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 attachmore with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-2IP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

**5.1 TITLE** 

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

Pres Pres

410.08

(30E) FUL -1100

Change

☐ Change

Change

Addition

Addition

Addition

**FILED** 

Apr 23 1998 8:00am

Secretary of State