## 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

P96000088646 (0) DOCUMENT #

LVJB, INC.

**FILED** Apr 16 1998 8:00am Secretary of State

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						E TODITOON HEE TENN DINK EDITH BOUR		AL LEGIE BELLI B	(B)	
Principal Place of Business Mailing Address					i		*****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
100 WEST CYPRESS CREEK ROAD 100 WEST CYPRESS CREEK										
SUITE 1055 SUITE 1055										
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330			K3309	09		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
9 Dringing D	lone of Duninger	1 On Mailing Address				10/28/1996				
	lace of Business	2a. Mailing Address			į	4. FEI Number			pplied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, e						65-0714216		<del>- , !</del>	Not Applicable	
	w, etc.	Suite, Apt. #, etc.			i	5. Certificate of Status Desired			Additional	
City & State	0	City & State			·	· · · · · · · · · · · · · · · · · · ·		<del></del>	Required	
<b>一</b>	9	<b>⊢</b> '				6. Election Campaign Financing		\$5.00 May Be Added to Fees		
<b>23</b> Zip	Country	<b>28</b>	Cour	Country		Trust Fund Contribution				
<del></del>	— ·	<del>                                     </del>	<b>⊢</b> ¬	ur y		8. This corporation owes or has p				
24	25 9. Name and Address of Curren	29	30			Personal Property Tax due Jur  Name and Address of New R			□ No	
011		t negistared Agent		Name		O. Name and Address of New H	egistered	Agent .		
	CCI, JAMES		`	' Name	•					
	WEST CYPRESS CREEK ROAD		1	32 Street	t Address	(P.O. Box Number is Not Accepted	able)			
	ITE 1055		L,							
FO	RT LAUDERDALE FL 33309		'	33						
			l e	4 City		· · · · · · · · · · · · · · · · · · ·		<b>85</b> Zip	Code	
							FL	.     .	. i	
11. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statuti	es, the abo	ove-named	d corpora	tion submits this statement for the	purpose of	changing	its registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statu	tes.	прогасіон	s board or directors. Thereby acci	вртин врр	Omunent as	, registered	
SIGNATURE										
	Signature, typed or printed name of registered ager		Registered	Agent signatur	re required w	hen reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	ZIPD	☐ DELETE	1 1 TITE	Ε				Change	☐ Addition	
NAME	BUCCI, JAMES		1.2 NAM	Œ						
STREET ADDRESS	100 WEST CYPRESS CREEK		1.3 STR	EET ADDRESS	; Ì					
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 C(T)	-ST-ZIP						
TITLE	VPD	☐ DELETE	2.1 TITL	E				Change	☐ Addition	
NAME	VENTIMIGLIA, LEONARD A			IE						
STREET ADDRESS	DRESS 100 WEST CYPRESS CREEK ROAD, SUITE 1055			EET ADDRESS	:					
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2. 4 CIT	Y-ST-ZIP						
TITLE	5/1	DELETE	3.1 TITL		1			Change	Addition	
NAME	Geoffrey Siegel		3.2 NAN	IE.						
STREET ADDRESS	100 W Cypress C		3.3 STR	EET ADDRESS						
CITY-ST-ZIP	Ft. Lauderdale,	Fla 33300		Y - ST - ZIP						
TITLE		DELETE	4.1 TITL		+			Change	Addition	
NAME			4, 2 NA							
STREET ADDRESS				EET ADDRESS	.				1	
CITY-ST-ZIP					1					
TITLE		DELETE	5.1 TITL	'-ST-ZIP F	+			Change	Addition	
NAME			5.1 111L					T Amounte	- reduced	
STREET ADDRESS				EET ADDRESS	1					
CITY-ST-ZIP		Delese		-ST-ZIP	4			<u> </u>	1 4 4 470	
TITLE		DELETE	6.1 TITE					☐ Change	☐ Addition	
NAME			6.2 NAM		1					
STREET ADDRESS			6.3 STR	EET ADDRESS	1					

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 suppliemental 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 expowered 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 drangitachment with an oddess.

SIGNATURE: X