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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089785

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90052 009 ***150.00

1. Corporation Name LOUIE LOUIÉ INC Mailing Address Principal Place of Business 1103A E. LAS OLAS BLVD. 1103A E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0719656 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes the current year Intangible 30 29 Personal Property Tax. 25 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agen 81 WOLTIN, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 1103A E LOS ASLAS BLVD FT. LAUDERDALE FL 33301 83 84 City Zip Code 85 .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 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 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 Agent signature required when reinstating): OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition TITLE 1.1 TITLE 5903 WOLTIN, ROBERT NAME 1103A E. LAS OLAS BLVD. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Addition TITI F NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP · [] Addition TITLE □ DELETE 3.1 TITLE ☐ Change 3.2 NAME NAME. 3.3 STREET ADDRESS STREET ADDRESS nas ele CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change · Addition TITLE 电轮线 机线

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 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 receiver 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)