

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000096037 (2)

1. Corporation Name  
LUCK, INC.

Principal Place of Business

5301 SHERIDAN ST  
SHERIDAN PLAZA  
HOLLYWOOD FL 33021

Mailing Address

5301 SHERIDAN ST  
SHERIDAN PLAZA  
HOLLYWOOD FL 33021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ROLNICK, HERBERT H  
5301 SHERIDAN ST.  
SHERIDAN PLAZA  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

11/20/1996

3a. Date of Last Report

4. FEI Number

65-0732322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

ONG, KENVIN H

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

5301 SHERIDAN ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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 Agent's signature required when reinstating)

July - 21-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME ONG, KENVIN  
STREET ADDRESS 5301 SHERIDAN ST SHERIDAN PLZ  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

D  
NAME ONG, DIANA  
STREET ADDRESS 5301 SHERIDAN ST SHERIDAN PLZ  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002253694-1-18  
-07/31/97--01047--003  
\*\*\*\*165.00 \*\*\*\*165.00

14. I do 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 I am named in an attachment with an address

SIGNATURE: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

FILED

97 JUL 25 PM 12:36

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)

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I didn't get the first notice of Annual reports section.

Thanks.  
Diana Mai Ong (Vice pres)

Diana Ong