FILED

May 27, 1999 8:00 am Secretary of State

05-27-1999 90007 044 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101138

1. Corporation Name

Principal Place of Business

L.H. PEPPER, INC.

SUITE 340 MAITLAND FL 32751 US		MAITLAND FL 32794-754 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1996
Principal Place of Business Za. Mailing Address						4. FEI Number Applied For
21 26				59-3422766 Not Applica		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zìp	Country	Zìp	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. XYes □No
9. Name and Address of Current Registered Agent				T —		10. Name and Address of New Registered Agent
TATICH, PHILIP . 341 NORTH MAITLAND AVENUE SUITE 340				81 82		dress (P.O. Box Number is Not Acceptable)
				83	Street Au	Oress (F.O. Box Number is Not Acceptable)
MAITLAND FL 32751				84	City	FL 85 Zip Code
office or registered	agent, or both, in the State	02 and 607.1508, Florida Sta of Florida. Such change was ations of, Section 607.0505, I	s authorized	by	the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, t	yped or printed name of registered age	Int and title if applicable. (NO ND DIRECTORS	TE: Registered	Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DPS	UFFICERS AF	DELETE	13. 11T	п с		Change Addition
	WITZ, HOWARD B	ات والمداد		_	}	
4000 0	•		1.2 N			
ODI ANDO EL					ADDRESS)	
			1.4 CI	_	r-ZIP	
mre (2.1 πTLE		☐ Change ☐ Addition
NAME }	22		2.2 N	ME		
STREET ADDRESS	EET ADDRESS 23 S		REET	AODRESS		
CITY-ST-ZIP			2.4 C	TY-S	T-ZIP	
TITLE		DELETE	3.1 TT	ſLE		☐ Change ☐ Addition
NAME		-	3.2 N	ME	l	

CITY-ST-ZIP 14. I hereby certify that the information sympliced with this filling does not indicated on this annual report or supplemental annual report is an officer or director of the corporation or the receiver of trustee empty. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exercit to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, Il other like empowered

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIF

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

OFFICER OR DIRECTOR

Addition

Addition

☐ Addition

Change

Change

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