

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 # P97000015850 (5)

1. Corporation Name

THE LASKO FAMILY KOSHER TOURS, INC.

Principal Place of Business

2699 STIRLING RD. SUITE C-405  
FT LAUDERDALE FL 33312

Mailing Address

2699 STIRLING RD. SUITE C-405  
FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

65-0743967

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

2. Principal Place of Business

21 4100 N. HILLS DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 4100 N. HILLS DRIVE

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD FL

Zip

Country

24 33021

City & State

28 HOLLYWOOD, FL

Zip

Country

29 33021

30 USA

9. Name and Address of Current Registered Agent

LASKO, JONATHAN S  
2699 STIRLING RD. SUITE C-405  
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

Arlene P. Lasko

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

4100 N. HILLS DR

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Arlene P. Lasko

6/2/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SAMUEL H. LASKO,  
PRESIDENT  
4100 N. HILLS DRIVE  
HOLLYWOOD, FL 33021

VICE PRESIDENT  
JONATHAN TWERSKY  
4100 N. HILLS DR.  
HOLLYWOOD, FL 33021

SECTY & TREAS.  
ARLENE P. LASKO  
4100 N. HILLS DR  
HOLLYWOOD, FL 33021

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-06/12/98--01020--021

\*\*\*\*150.00 \*\*\*\*150.00

SCC 6-5-98

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, or on an attachment with an address.

SIGNATURE

Arlene P. Lasko

6/2/98 921 841-1000

CR2E034 (10/97)