

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021644

1. Corporation Name
LEMUR CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5740 ATLANTA ST HOLLYWOOD FL 33021		Mailing Address 5740 ATLANTA ST HOLLYWOOD FL 33021	
2. Principal Place of Business 21. 5740 Atlanta Street Suite, Apt. #, etc. 22. 23. Hollywood FL City & State 24. 33021 Zip 25. FLORIDA Country	2a. Mailing Address 26. LEMUR CORPORATION Suite, Apt. #, etc. 27. 5740 Atlanta Street City & State 28. Hollywood FL City & State 29. 33021 Zip 30. FLORIDA Country		

3. Date Incorporated or Qualified 03/10/1997	
4. FEI Number 65-0734025	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CHAVEZ, JULIO H 5740 ATLANTA ST HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Numbers Not Acceptable) 83. 84. City 85. Zip Code	
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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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98 (954) 986-6591
 Date Daytime Phone

CR2E034 (11/98)