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Secretary of State

04-29-1999 90017 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033024

1. Corporation Name
LUCIEN BITTAR, INC.

Principal Place of Business

~~1300 GULF BLVD., #501~~
INDIAN ROCKS BEACH FL 34635

Mailing Address

~~1300 GULF BLVD., #501~~
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

59-3440610

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

2. Principal Place of Business

21 3248 Floramer

Suite, Apt. #, etc.

22

City & State

23 New Port Richey FL

Zip Country

24 34652 25

2a. Mailing Address

26 P.O. Box 1247

Suite, Apt. #, etc.

27 Elfers, FL 34680

City & State

28 FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BITTAR, LUCIEN

~~1300 GULF BLVD., #501~~

~~INDIAN ROCKS BEACH FL 34635~~

81 Name

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

3248 Floramer

83

84 City

New Port Richey

FL

85 Zip Code

34652

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BITTAR, LUCIEN

STREET ADDRESS: ~~1300 GULF BLVD., #501~~

CITY-STATE-ZIP: INDIAN ROCKS BEACH FL 34635

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

P.O. Box 1247

Elfers, FL 34680

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

4/6/99

Daytime Phone #

CR2E034 (1/1/98)