

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00 150

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Apr 29, 1999 8:00 am
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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~1300 GULF BLVD., #501~~
~~INDIAN ROCKS BEACH FL 34635~~

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

3. Date Incorporated or Qualified
04/11/1997

2. Principal Place of Business
 21 **3248 Floramer**

2a. Mailing Address
 26 **P.O. Box 1247**

4. FEI Number
59-3440610

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 **Elfers, FL 34680**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
New Port Richey FL

28 City & State
FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **34652** 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BITTAR, LUCIEN
~~1300 GULF BLVD., #501~~
~~INDIAN ROCKS BEACH FL 34635~~

10. Name and Address of New Registered Agent
 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**

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: DATE: **4/6/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTAR, LUCIEN	1.2 NAME	
STREET ADDRESS	1300 GULF BLVD., #501	1.3 STREET ADDRESS	P.O. BOX 1247
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	1.4 CITY-ST-ZIP	Elfers, FL 34680
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 letter like empowered.

SIGNATURE: President DATE: **4/6/99** Daytime Phone #

CR2E034 (1/1/98)