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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044377 (4)

THE LAVOY COMPANY

FILED May 18 1998 8:00am Secretary of State



District Class of Business	Mailing Address	· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>	
Principal Place of Business	Mailing Address			
14502 NORTH DALE MABRY HIGHWAY UNIT 200	14502 NORTH DALE MABRY HIGHWAY Unit 200 Tampa Fl 33618		DO NOT WRITE IN THIS SPACE	
TAMPA FL 33618				
			3. Date Incorporated or Qualified 05/20/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 36470 US HWY AN	26 36470 US	HUY IQN	59 3301558	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City Category			Fee Required
23 Rim HARbor	City Crate	rbon	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 -34694 25 Amilles	29 34/684 3	calonomia	Personal Property Tax due June 30.	🗌 Yes 🖫 No
9, Name and Address of Currer	nt Registered Agent	0.4	10. Name and Address of New Registe	red Agent
, AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name		
		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
		83		
•				
		B4 City		FL 85 Zip Code
agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or protest name of registerest age.		and Stationes. Registered Agent signature requi	red when reinstaling) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE PSTD	DELETE	1.1 DILE	ADDITIONS/CHANGES TO OFFICE AS	Change Addition
NAME LAVOY, MICHAEL L		1.2 NAME		
STREET ADDRESS 44502 NORTH DALE MABRY	HIGHWAY	1.3 STREET ADDRESS	rajo us Huy 19 n	1
CITY-ST-ZIP TAMPA FL 33618		1.4 CITY+ST+ZIP	oum HARbor fr 34	
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS	44	•
CITY-ST-ZIP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	- Deterie	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - \$1 - ZIP		
TITLE	DELETE	4.1 TOLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	T") REFEIR	5.1 TITLE 5.2 NAME		Criptings Recultor
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 City-St-ZiP		
TITLE	DELETE	6.1 THILE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY - ST - ZIP		
14. Thereby certify that the information supplied v	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I furth	er 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 il changed, or on an adjugant and with a pactiress.