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

**CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000066762 (0) DOCUMENT #

LP SCHOONERS, INC.

## **FILED** May 13 1998 8:00am Secretary of State

illoolog are HAL-OHA



Principat Place	o of Business	Mailing Address						
409 BE 7TH 8		409 SE 7TH ST						
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301					DO NOT WRITE IN THE	IS SPACE		
					3. Date Incorporated or Qualified	IO DI AOL		
					07/29/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 8536	ON OVERSEAS MUY	26 85361 OVE	ERSEAS /	HIII	65-0794518		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	/	14/	05_0111510		5 Additional	
22		27			5. Certificate of Status Desired	<b>+</b> -	Required	
City & State	) _	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23 ISLI	ANORADA, FL	28 ISLAMORA	DA , FL	,	Trust Fund Contribution		ed to Fees	
Zip	Country	7ip 0 0 0 0 4	Country		8. This corporation owes or has paid the	current year	Intangible	
24 330			30 US		Personal Property Tax due June 30.	Yes	<b>⊠</b> No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	od Agent		
	EPARD, LESKAR & LEVINE, P.A.		81 Na	ne				
	SE 7TH ST		<b>82</b> Stre	82 Street Address (P.O. Box Number is Not Acceptable)				
FT	LAUDERDALE FL 33301							
			83					
			84 City			. 85 Z	ip Code	
					pration submits this statement for the purpose	<u>'L                                       </u>		
agent. I ar	egistered agent, or both, in the State c in familiar with, and accept the obligat			corporatio	on's board of directors. Thereby accept the a	uppointment	as registered	
SIGNATURE	Signature, typed or printed nature of registered agent	and title it applicable (NOTE	Registered Agent sign	aturo require:	d when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	D	<b>▼</b> DELETE	1.1 TITLE	D, F	P	Chang	ge 🔲 Addition	
NAME	SHEPARD, MURRAY E ESQ		1.2 NAME	RU	SFFINO, LAWRENCE HWY			
STREET ADDRESS	409 SE 7TH ST		1.3 STREE1 ADDRE	ss 🥬	85361 OVERSERS 1707	•		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY - ST - ZIP	18	SLAMORADA, FL 33036			
TITLE		☐ DELETE	2.1 TITLE			Chang	ge 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRE	SS				
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP					
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	ge	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRE	SS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	SS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE	1		L Chang	ge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRE	SS				
CITY-ST-ZIP			5.4 CITY - ST- ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge [] Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRE	SS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP	L_				
14. I hereby c	ertify that the information supplied will on this annual report or suppliemental	i this filing does not qualify fo annual report is true and acci	r the exemption surate and that my	tated in S	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made	certify that I under oath:	the information that I am an	
officer or o	director of the corporation or the recei or Block 13 if changed, or on an attach	ver or trustee emp <b>owered t</b> o e	execute this repor	l as requi	ired by Chapter 607, Florida Statutes; and the	at my name	appears in	
DIOCK 12 C	a wasan ne a sanayan, sa santa tanan							