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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000069876

L & R TRUST, INC.

Principal Place of Business

12201 NW 5TH STREET PLANTATION FL 33325 US			12201 NW 5TH STREET PLANTATION FL 33325 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
								08/13/1997					
2. Principal Pla	ace of Business	Mailing Address				4.	4. FEI Number			Applied For			
21			26					59-1772118			Not	Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				R	Election Campaign Financing	67	\$:	5.00 (	May Be	
23			.8				"	Trust Fund Contribution		Added to Fees			
Zip Country			Zip Country				8.	This corporation owes the curre	nt year Inta	ngible	<b>;</b>		
24	25	29		0			-	Personal Property Tax.	•	Ye		X No	
24	9. Name and Address of Current			<del></del>			10.	Name and Address of New R	egistered A	gent			
	<u> </u>			1	1	Name				-			
ACO	RD, L.L.			Ļ	_	01 1 1 1 1 1	/	O Day Number is Not Assente	hlo)				
12201 NW 5TH STREET			8			Street Addre	ess (F	P.O. Box Number is Not Acceptal	ole)				
PLAN	NTATION FL 33325			1	13					-			
										1001	7:- 0		
				{	34	City			FL	85	Zip C	ode	
office or re agent. I ar	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Floric	ia. Such change was aut	norizea i	γι	ine corporatio	oratio on's bo	n submits this statement for the oard of directors. I hereby accep	purpose of the appoin	chang itmen	ing its i as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title i	if applicable. (NOTE: F	legistered A	gent	t signature required			DATE				
12.	OFFICERS AND DIRECTORS			13.				ADDITIONS/CHANGES TO OFF	ICERS AN				
TITLE	P		☐ DELETE	1,1 TITL	Ē			•		Пс	nange	Addition	
NAME	ACORD, RAY			1.2 NAM	E								
STREET ADDRESS	12201 NW 5TH STREET			1.3 STR	EET.	ADDRESS							
CITY-ST-ZIP	PLANTATION FL 33325			1.4 CITY	-51	-ZIP							
TITLE	ST		☐ DELETE 2.1		2.1 TTLE					□c	nange	☐ Addition	
NAME	ACORD, LINDA L			2.2 NAW	Ε								
STREET ADDRESS	12201 NW 5TH STREET			2.3 STR	EET	ADDRESS							
CITY-ST-ZIP	PLANTATION FL 33325			2.4 CIT	Y-\$1	T-ZIP			<i>2</i> 4 1 1				
TITLE			☐ DELETE	3.1 TITLE						□c	nange	Addition !	
NAME				3.2 NAM	ΙE	]							
STREET ADDRESS				3.3 STR	EET	ADDRESS							
CITY-ST-ZIP				3.4. CIT	3.4. CITY-ST-ZIP								
TITLE	☐ DELETE		4.1 TITL	4.1 TITLE					□с	nange	☐ Addition		
NAME (				4. 2 NA	Æ							i	
STREET ADDRESS				4.3 STR	EET	ADDRESS							
CITY-ST-ZIP				4,4 CITY	-ST	r- <b>ZIP</b>							
TITLE	-		☐ DELETE	5.1 TITL	E					C	hange	☐ Addition	
NAME				5.2 NAM	ΙE								
STREET ADDRESS				5.3 STR	EET	ADDRESS						. 1	
CITY-ST-ZIP				5.4 CITY	'-ST	r-ZIP							

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 all other like empowered.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

DELETE

954-472-1099

Change

Addition

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90031 006 \*\*\*150.00