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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 27 1998 8:00am

Secretary of State

- CHARINGO PRO INVERRANTE DURIS ANTICARIO SOCIALIZADO FILIBRADO PIRIS DEL RABI

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000088556 (0)

LFIP CORPORATION

Principal Place of Business Mailing Address						1 10011801 110 (811) 10011 00111 00	.II <b>08</b> 111 00191 10	) <b>#</b> 1 (818) 8(18) 8	1411 <b>4 0</b> 114 1001	
3922 COCOANUT PALM TAMPA FL	3922 COCOA TAMPA FL	3922 COCOANUT PALM DRIVE								
IAMPA FL		IAMPA FL					DO NOT W	RITE IN THIS	SPACE	
						[ ]	<ol><li>Date Incorporated or Qualit</li></ol>	ied	·	
<u> </u>							10/14/1997			
2. Principal Place of B	usiness	2a. Mailing Ad	ddress			1 '	4. FEI Number 59-3473147		<b>⊢</b> —i−	Applied For
Suite, Apt. #, etc.		26] Suite Ant	# etc				51 0 (13) ( (			Not Applicable
22	" T	Suite, Apt #, etc.				<ol><li>Certificate of Status Desired</li></ol>	4 🔲		Additional Required	
City & State		City & State				Election Campaign Financia	 ng		0 May Be	
23	28					Trust Fund Contribution Added to Fees				
Zip Country		h	Zip Country			4	This corporation owes or has paid the current year Intangible			
24 A Na	25   29   30   30   30   30   30   30   30   3			I	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					L] No
		in negistered Ager	·	81	Name		D. Name and Address of Nev	/ Registered	Agent	
	Oration System Th Pine Island Road									
PLANTATIO				82 Street Addre		dress (P.O. Box Number is Not Acceptable)				
PLANTAIR	W FL 30024			83		<u>.</u>				
				84	City				- In-1 7:	
<u> </u>					City			FL	<b></b>   `	Code
onice or registered	ovisions of Sections 607.050 Fagent, or both, in the State ir with, and accept the oblig	r of Florida, Such of	iange was auth	orized by	the cor	d corporat orporation's	ion submits this statement for s board of directors. I hereby a	he purpose of coopt the ap	of changing pointment a	its registered is registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,									
Signature, t	ypeshor printed name of regulared and		(NO*) Re	<u> </u>	nı signaluı	ne required wh		DATL		
12.	OFFICERS AN		DELETE	13.		- n -	ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE NAME		L	DELETE	1.1 TITLE 1.2 NAME		PECIA	dman, J. Roger		☐ Change	Addition
STREET ADDRESS				1.3 STREET	ADDOCCC	4	Park Ave			]
CITY-ST-ZIP				1.4 CITY - S		Neu	york NY			
TITLE	×		DELLTE	2.1 11TLE		V	· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	Addition 1
NAME				2.2 NAME		File	r, Fred			,
STREET ADDRESS				2.3 STREET	ADDRESS		coconut Palm l	Ir		
CITY-ST-ZIP				2. 4 CITY-S	I - ZIP	Tan	pa FL			
TITLE		<u></u>	DELETE	3 1 THLE		ST	- Bornand		☐ Change	Addition
NAME PERFET ADDRESS				3.2 NAME	1000100	E500	n, Bernard z Coconut Palm	Oc		
STREET ADDRESS CITY-ST-ZIP				33 STREET		1000	pa FL	~,		-
TITLE			DELF TE	3.4. CHY-S 4.1 TITLE	1 - 7 11.	N	ph 10		Change	Addition
NAME				4. 2 NAME		Keliv	James		onango	Tradition
STREET ADDRESS				4.3 STREET	ADDRESS		Park Ave.			
CITY-ST-ZIP				4.4 CITY - ST			YOCK NY			i
TITLE			DELETE	5.1 TITLE		D	•		☐ Change	Addition
NAME				5.2 NAME		Schw	arz, Thomas			
STREET ADDRESS				5.3 STREET	ADDRESS	425	Park Ave York NY			
CITY-ST-ZIP				5.4 CITY - ST	-7IP	New	YOLK NY			
TITLE		L	DELETE	6 1 TITLE					☐ Change	Addition
NAME				62 NAME						
STREET ADDRESS				63 STREET	ADDRESS	}				

14. Thereby 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 supplied entral annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trosled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or common with an address.