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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P97000091871

1. Corporation Name

LAMEW, INC.

# Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90274 026 \*\*\*150.00



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Principal Place of Business Mailing Address									
1616 NW 36 COURT 1616 NW 36 OAKLAND PARK FL 33309 OAKLAND F									
	, , ,	•				DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
	Company of the control of the contro		حد مادر بيماير چيپ			- \ ~10/23/1997 ~			
2. Principal P	lace of Business	2a. Mailing Ad	Idress			4. FEI Number		A	pplied For
21	:	26				65-0790629		N	lot Applicable
Suite, Apt.	#, etc. ·	Suite, Apt.	#, etc.			5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired	با 	Fee R	lequired
City & State	e	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	LJ	Added	to Fees
Zip	Country	Zip	C	ountry	<del>/</del>	8. This corporation owes the curre	nt year Int	angible	
24	25	29	<b>⊢</b>			Personal Property Tax.		☐Yes	MNo
	9. Name and Address of Cu	rrent Registered Ager	ıt	T		10. Name and Address of New R	egistered	Agent	
				81	Name				
WÉI	NRUB, MARK			82	Cinc -4 4	ddress (P.O. Box Number is Not Acceptal	nla)		
1616 NW 36 COURT				82	Street Ad	didress (P.O. Box Number is Not Acceptal	л <del>е</del> )		
1	LAND PARK FL 33309			83	1				
, , , ,	,								
	·			84	City		FI	85 Zip	Code
		10500 L0074500 FL	anida Otas da Aba	2000		prporation submits this statement for the p	ouroose of	changing it	e registered
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S	tate of Florida. Such ch	onda Statutes, the ange was authoriz	ed by	the corpora	ation's board of directors. I hereby accept	the appoi	ntment as n	egistered
agent. i a	m familiar with, and accept the ol	bligations of, Section 60	7.0505, Florida Si	atutes	3.				
SIGNATURE									
	Signature, typed or printed name of registere				nt signature req	uired when reinstating)	DATE	ID DIDECT	ODE IN 12
12.		S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	
TITLE	PD			TITLE				[_] change	Addition
NAME	WEINRUB, MARK		1.5	NAME					
STREET ADDRESS	1616 NW 36 COURT		. 1.3	STREE	TADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33309		. 1.4	CITY-S	ST-ZIP				
TITLE	VSD		DELETE 2.	TILE				☐ Change	☐ Addition
NAME	WEINRUB, LUCY		. 2.	NAME		•			_
STREET ADDRESS			2.3	STREE	TADORESS				.ء
CITY-ST-ZIP	OAKLAND PARK FL 33309		2.	4 CITY-:	ST-ZIP				_
TITLE				TITLE				· Change	☐ Addition
NAME			33	NAME	1				
}					T ADDRESS				
STREET ADDRESS	,		•	, CITY-:					
CITY-ST-ZIP	<del> </del>			TITLE	Ģ1•ZIF	<del> </del>		☐ Change	Addition
TITLE		ι							
NAME	1			2 NAME					
STREET ADDRESS	•		1		TADDRESS				
CITY-ST-ZIP				CITY-5	ST-ZIP			<u>سا ۲۰۰۰ - ۱</u>	
TITLE				TITLE				Change	Addition
NAME				NAME			. ,		
STREET ADDRESS			5.3	STREE	TADDRESS				
CITY-ST-ZIP /K	<u> </u>		5.4	CITY-S	ST-ZIP				
TITLE 135	W. 472 7 4 4 4		DELETE 6:	TITLE				☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not gualify 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP