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 # **P97000095275**

1. Corporation Name

LAUDERHILL PARTNERS, INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90022 013 ***150.00



					_				
Principal Place of Business Mailing Address							#1## ## ### #### #	4141 41114 11411	444 7 4111 1 44 1
3300 N. 29TH AVE #101 3300 N. 29TH AVE #101 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/05/1997			ļ
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	plied For
21						65-0813490		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22 27						5. Certificate of Status Desired		Fee Red	quired
City & State City & State						6. Election Campaign Financing	П	\$5.00	
23 28						Trust Fund Contribution		~ Added to	o Fees
Zip				try 8. This corporation owes the current year Intangible				1	
24	25	29 3	10			Personal Property Tax.			≥ No
Name and Address of Current Registered Agent						10. Name and Address of New I	Registered /	Agent	
DAV	D REMNETT I		81	Na	ame				1
DAVID, BENNETT L 3300 N. 29TH AVE., #101				82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020				ļ	<u></u>				
HOL	- 11WOOD FL 33020		83	}					l
	,		84	Ci	ity		FL	85 Zip C	ode
				L				ala a sa si a na si a n	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	horized by	the	corporation	n's board of directors. I hereby acce	pt the appoir	ntment as reg	jistered
SIGNATURE		A and the World (NOTE: 0	Paristand Ages	nt cion	nturn consisted	when reinstating)	DATE		 \
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ii sigii	ature required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE			ADDITIONO/OFF ATOLO TO OF	102110731	Change	Addition
NAME	ZASTENIK, RALPH		1.2 NAME						
STREET ADDRESS	122-01 22ND AVE			1.3 STREET ADDRESS					
1	COLLEGE POINT NY 11356	1.4 CITY-ST-ZIP			Į.				1
CITY-ST-ZIP TITLE	VS	☐ DELETE	2.1 TITLE				_	Change	Addition
NAME	man at the same of			2.2 NAME					
STREET ADDRESS	COOR AL COTTA ANT MACA		2.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	HOLLSON OR EL ADOCC			2,4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME		_	3.2 NAME				•		
STREET ADDRESS	and the second s	The same of the sa	3.3 STREE	T ADD	RESS				_
CITY-ST-ZIP			3,4, CITY-5			•		•	
TITLE		DELETE	4.1 TITLE		\neg		_	Change	☐ Addition
NAME	•		4.2 NAME		Ì				Ţ
STREET ADORESS			4.3 STREE	T ADD	RESS				
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE		\neg		_	Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADO	RESS				
CITY_ST_7ID	. `	•	5.4 CITY-S	T-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 of 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 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:

CITY-ST-ZIP

STREET ADDRESS

C/TY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition