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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104730

LOLAS ENTERPRISES. INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90283 007 ***150.00



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Principal Place	e of Business	Mailin	ng Address					1 19811991 11 5	1911L E ES LE 98 LI	. 48111 #8191	251/1 515()		**** **** ****
193 OLD OAK	CIRCLE	193 0	LD OAK CIRCLE										•
PALM HARBOR	r FL 34683	PALM	HARBOR FL 3468	83					DO NOT W	RITE IN TH	IS SPACE	<u> </u>	
							3. Date	e Incorporate					
								/12/1997					1
2. Principal Pl	lace of Business	2a. M	ailing Address					Number				App	lied For
21		26					59	-3482465				Not	Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.						Aug Danisad		\$8.	75 Ac	ditional
22		27					5. Cer	tifcate of Sta	ilus Desireu		Fe	e Req	uired
City & State	10		ity & State				6. Elec	ction Campa	ign Financir	^{ig} □			lay Be
23		28					Trus	st Fund Con	tribution		Ad	ded to	Fees
Zip	Country	Zi _l	P		untry			s corporation		urrent year		r	ا ا
24	25	29	<u> </u>	30				sonal Prope			☐ Yes	; L	□No
-teran - ·	9. Name and Address of Curre	nt Register	ed Agent	-	81 N	Name	10. Nar	me and Add	. /	w Registere	u Agent		
RADI	BER, CHARLES F ESQ					10	ionis		9/0				
	SOUTH HIGHLAND AVENUE				82 5		ress (P.O. I			eptable)			
	ARWATER FL 33756				83	143	060	OHK	- CR				
VIII)	ANNAIGHTE SO/SO				03								
		•			84 (City	. HA	+RBOX	,	F	L 85	Zip Co	ode 6.63.3
	to the continue of Continue CO7 OF	700 1007			<u> </u>	I W/W	moration aut	mite this sta	tement for t			ng its r	enistered
11 Pursuant		uz and bu/.	.1508. Florida Sta	atutes, the a	above-n	named corp	poracon suc	ภาแเร นาเธ ธน	TOTAL TOTAL				09.0.0.00
11. Pursuant office or r	registered agent or both, in the State	of Florida.	.1508, Florida Sta Such change wa	atutes, the a as authorize Elocido Sta	above-ned by the	named corporati	tion's board	of directors.	I hereby ac	cept the app	oointment	as regi	istered
	to the provisions of Sections 607.05 registered agent of both, in the State am familiar with, and accept the oblig	of Florida. ations of, Se	Such change was ection 697.0505,	atutes, the a is authorize Florida Sta	above-n ed by the tutes.	named corporati	tion's board	of directors.	I hereby ac	cept the app	oointment	as regi	istered
office or n agent. I a	1/1/11	of Florida. ations of, Se	10				tion's board		I hereby ac	cept the app 4-5-9 DATE	gointment	as regi	istered
	MAI	ent and title if ap	policable. (N		d Agent sig		red when reinsta			4-5-4 DATE	y		
SIGNATURE	Signature, typed of printed name of registered ag	ent and title if ap	policable. (N	OTE: Registere	d Agent sig		red when reinsta	ting)		4-5-4 DATE	y	CTOF	
SIGNATURE	Signature, types of printed name of registered ag	ent and title if ap	pplicable. (N	OTE: Registere 13.	d Agent sig		red when reinsta	ting)		4-5-4 DATE	AND DIRE	CTOF	RS IN 12
SIGNATURE 12. TITLE	Signature, types of printed name of rogistered ag OFFICERS A	ent and title if ap	pplicable. (N	13. 1.1 T	d Agent sig	ignature requir	red when reinsta	ting)		4-5-4 DATE	AND DIRE	CTOF	RS IN 12
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6.4 CITY-ST-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 the empowered.

SIGNATURE: