

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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90010 033 ***550.00

DOCUMENT # P98000000367

1. Corporation Name

L & W. ASSOCIATES OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

130 N.E 40TH STREET
SUITE 9A
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/2/98

2. Principal Place of Business

2a. Mailing Address

21 130 N.E 40TH ST.

26 130 N.E 40TH STREET

4. FEI Number

65-0915412

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 SUITE 9A

27 SUITE 9A

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☒ No

Zip

Country

Zip

Country

24 33178

25 USA

29 33178

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

Lonnie Robinson

82

Street Address (P.O. Box Number is Not Acceptable)

6031 N.W. 201 Lane

83

City

Miami

FL

85

Zip Code

33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lonnie Robinson / LONNIE ROBINSON Vice President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE June 25, 1999

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

DR. WILLIE ROBINSON

3900 ESTEPONA AVE.

MIAMI, FL 33178

V

LONNIE ROBINSON

6031 N.W. 201 LANE

MIAMI, FL 33015

S

WILLIAM C. ROBINSON

28 W. FLAGLER STREET

MIAMI, FL 33130

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE Lonnie Robinson / LONNIE ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE June 25, 1999 (305) 594-5768
Date Daytime Phone #

CR2E034 (11/98)