## 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 # P98000016732

1. Corporation Name

LUCERNE PARTNERS, INC.

Principal	Place	of	Business
•			

Mailing Address

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90029 038 \*\*\*150.00



3201 N FEDERAL HWY. STE 300 FORT LAUDERDALE FL 33306	3201 N FEDERAL HWY. STE 300 FORT LAUDERDALE FL 33306		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 02/19/1998				
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For 65 – 0814083 Not Applicable				
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	, <del>-</del>	5. Certificate of Status Desired Status Desired Fee Required				
City & State	City & State	, -	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	Zip Co 29 30	untry	8. This corporation owes the current year Intangible Personal Property Tax.  ☐ Yes  ☒ No				
9. Name and Address of Curre	nt Registered Agent	1	10. Name and Address of New Registered Agent				
SAGER, MARK L		81 Nam					
3201 N FEDERAL HWY, STE 300		82 Stree	Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33306		83					
		84 City	FL 85 Zip Code				
			described the statement for the purpose of changing its registered				

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if ap	glicable. (NOTE: Re	egistered Agent signature re	quired when reinstating)	DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	SAGER, MARK L		1.2 NAME				ļ
STREET ADDRESS	3201 N FEDERAL HWY, STE 300		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		1.4 CITY-ST-ZIP				
TITLE	VS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	NORDAL, JONAS S		2.2 NAME				
STREET ADDRESS	3201 N FEDERAL HWY, STE 300		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	÷ ,	·	_ [] Change	. 🔲 Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	*			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE ,		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	·	·	6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 feetive of truebe 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.

V.P.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED IGNING OFFICER OF DIRECTOR Nordal

4/16/99

954-565-5999