PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028017

1. Corporation Name

LRP MACHINE SHOP INC

Principal Place of Business

Mailing Address

9155 N.W. 96TH STREET MEDLEY FL 33178

9155 N.W. 96TH STREET

MEDLEY FL 33178

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90203 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							03/25/1998			
2. Principal Pl	lace of Business	2a. Mailing	2a. Mailing Address				4 FEI Number	,	$ \top$ \mid \prime	Applied For
21		26					65-0856963)	Ī	Not Applicable
Suite, Apt.							5. Certificate of Status Desired		\$8.75 Additional Fee Required	
			& State				a Flactica Compaign Financia			0 May Be
			iy a sidis				 Election Campaign Financin Trust Fund Contribution 		• -	u May Be Ito Fees
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	_ ,	<u></u>	30	¬ ′			 8. This corporation owes the corporation of the corporati	irrent year in	Tarigible ☐ Yes	□No
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	9. Name and Address of Curren	it Registered A	gent	81	Nam		10. Harrie and Address of Nev	ritegistered	Agont	
PERDOMO, RAMON 9155 N.W. 96TH STREET					or many					
					Stre	et Addres	ss (P.O. Box Number is Not Acce	ptable)		
MEDLEY FL 33178										
				84	City				85 Zig	Code
				100	City			FL	_	, 0000
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such	change was auth	norized by	the co	ed corpor	ration submits this statement for the board of directors. I hereby according to the statement of the statement for the statement of the statem	ne purpose of ept the appo	changing i	ts registered registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section	1 007.0505, Florid	a Statutes	•					j
SIGNATURE			WOTE O				when reinstating)	DATE		{
	Signature, typed or printed name of registered ager	D DIRECTORS	, (NOTE: Re		it signatu	e reduireo v	ADDITIONS/CHANGES TO C		ID DIRECT	ODC IN 12
12.	P	D DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO C	FFICENS AL	Change	
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NAME	PERDOMO, RAMON			2.2 NAME						i
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CII (*OI*ZIF		4 (1 5)	1 22 1			- 	otion 140 07/2V/) Clorida Statutos			

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 poceiver or furstee 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 any address, with all other like empowered.