## 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 Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90070 043 \*\*\*150.00

| DOCUMENT #  1. Corporation Name | 668  | 0000 3 | 32522 | - 64 |                 |
|---------------------------------|------|--------|-------|------|-----------------|
| Lumi,                           | lhc. | !      |       | •    | 。 小女子写 <b>文</b> |

| Principal Place of Business   | Mailing Address                       |                              |   | •                          |                |             |  |  |
|---|---------------------------------------|------------------------------|---|----------------------------|----------------|-------------|--|--|
| 5921 JOHNSON ST   | 5900 Johnson                          | 1 55                         |   |                            |                |             |  |  |
| 11 11 10 00 F/ 2  | ollywood, FC 33021 Hollywood, FC      |                              |   | DO NOT WRITE IN THIS SPACE |                |             |  |  |
| HOLLYWOOD, PC 3302  | Hollywoll,                            | م م                          | 3. Date Incorporated or Qualified 4/7/98              |                            |                |             |  |  |
|   | 3302/-5                               | 638                          |   |                            |                |             |  |  |
| 2. Principal Place of Business  | 2a, Mailing Address                   |                              | 4. FEI Number   |                            | Apr            | lied For    |  |  |
| .1  | <u> </u>                              | <b>⊢</b>                     |   | 250                        | <u> </u>       | Applicable  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |                              |   | \$8.75 Additio             |                |             |  |  |
| حساجا حجاء  |                                       |                              | 5. Certificate of Status De                           | sired                      | Fee Rec        | quired -    |  |  |
| City & State  | City & State                          |                              | 6. Election Campaign Fir                              | ancing _                   | \$5.00         | May Be      |  |  |
| 1   | 28                                    |                              | Trust Fund Contribution Added to Fees                 |                            |                |             |  |  |
| Zip Country   | Zip,                                  | Country                      | 8. This corporation owes the current year Intangible  |                            |                |             |  |  |
| 25  | 29 30                                 |                              | Personal Property Tax.                                |                            |                |             |  |  |
| 9. Name and Address of Curre  | nt Registered Agent                   |                              | 10. Name and Address of                               | New Registered             | Agent :        |             |  |  |
|   | = 22                                  | 81 Name                      |   | •                          |                |             |  |  |
| MICHAEL DROT  | ZEIL                                  | 82 Street Ad                 | 82 Street Address (P.O. Box Number is Not Acceptable) |                            |                |             |  |  |
| 2030 N. 62 A  | ue                                    |                              |   |                            |                |             |  |  |
| 2010 11102 11   | -/ 12 2m) W                           | 83                           |   |                            |                | : .         |  |  |
| HOLLYWOOD, P  | L 33024                               | 84 City                      | · · · · · · · · · · · · · · · · · · ·                 |                            | 85 Zip C       | Code :      |  |  |
|   |                                       | City                         |   | FL                         | .   "   2,5 0  |             |  |  |
| 11. Pursuant to the provisions of Sections 607.05   | 02 and 607 1508, Florida Statutes.    | the above-named co           | rporation submits this statemer                       | t for the purpose of       | changing its   | registered  |  |  |
| office or registered agent, or both, in the State agent. I am familial with, and accept the oblig | pations of, Section 607.0505, Florida | Statutes.                    | ILION & DOSIG OF GIRECTORS. I Here                    | by accept the appoi        | intight on tof | Jisterou    |  |  |
| SIGNATURE   |                                       |                              |   |                            |                |             |  |  |
| Signalule, typed or printed name of registered ac   |                                       | istered Agent signature requ |   | DATE                       |                |             |  |  |
|   | ND DIRECTORS                          | 13.                          | ADDITIONS/CHANGES                                     | TO OFFICERS AN             |                |             |  |  |
| TITLE PISID   | DO OTTO DELETE                        | 1.1 TITLE                    |   | _                          | Change         | ☐ Addition  |  |  |
| NAME MICHAEL  | DROTZER                               | 1.2 NAME                     |   | •                          |                |             |  |  |
| STREET ADDRESS 2030 N/6   | J 75 78211                            | 1.3 STREET ADDRESS           | 4,4   | :                          |                | ļ           |  |  |
| CITY-ST-ZIP POLYWUL   | 1 - 322                               | 1.4 CITY-ST-ZIP              |   |                            |                | CT Addition |  |  |
| TITLE   | DELETE                                | 2.1 TITLE                    | • •   |                            | ☐ Change       | Addition    |  |  |
| PUME  |                                       | 2.2 NAME                     |   |                            |                |             |  |  |
| STREET ADDRESS  |                                       | 2.3 STREET ADDRESS           |   |                            |                | Į.          |  |  |
| City-st-zip   |                                       | 2.4 CITY-ST-ZIP _            |   |                            |                |             |  |  |
| TITLE   | ☐ DELETE                              | 31 TITLE                     |   |                            | ☐ Change       | · Addition  |  |  |
| NAME  |                                       | 32 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 ADORESS  |                                       | 43 STREET ADDRESS :          |   |                            |                |             |  |  |
| CITY-ST-ZIP   |                                       | 4.4 CITY-ST-ZIP              | <u></u>   |                            |                |             |  |  |
| TITLE   | ☐ DELETE                              | 51 TITLE                     |   |                            | Change         | ☐ Addition  |  |  |
| NAME  |                                       | 5.2 NAME                     |   |                            |                |             |  |  |
| STREET ADORESS  |                                       | 53 STREET ADDRESS            |   |                            |                | =           |  |  |
| City-St-Zip   |                                       | 5.4 CITY-ST-ZIP              |   | <u> </u>                   |                |             |  |  |
| TITLE   | ☐ DELETE                              | 61 TITLE                     | :   |                            | Change         | ☐ Addition  |  |  |
| NAME  |                                       | 62 NAME                      |   | •                          | 3              | ,           |  |  |
| STREET ADDRESS  |                                       | 6 3 STREET ADDRESS           |   |                            |                |             |  |  |
| CITY-ST-ZIP   |                                       | 64 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, op on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

2/11/09 (954)963-7515