

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90038 040 ***150.00

AMOUNT DUE ON OR BEFORE 09/30/98: \$300 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 1999

FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 2098000042619 ✓
Corporation Name: LAVIN + LAVIN, INC.
Pff A

Principal Place of Business Mailing Address
4800-N. Federal Hwy Suite 108
Boca Raton, Fla. 33432

570181 - 90004 - 35

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 12, 1998.

4. FEI Number: 65-0837918. Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 902 Clintmore Rd. 28 Suite, Apt. #, etc. 108

22 108 27 108

23 Boca Raton, Fla. 28 Boca Raton FL

24 33487. 25 USA. 29 33487 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 902 Clintmore Road Suite 108

83

84 City Boca Raton FL 85 Zip Code 33487

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: Jon E. Lavin DATE: 4-28-99

12. OFFICERS AND DIRECTORS

TITLE: Director DELETE

NAME: Jon Lavin

STREET ADDRESS: 902 Clintmore Rd. #108

CITY-ST-ZIP: Boca Raton, Fla. 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE: Jon E. Lavin DATE: 4-28-99 561-995-7032

CR2E034 (5/98)