

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000042837** ✓

1. Corporation Name

L & T'S PLACE INC.

Principal Place of Business

**645 N.W. 20TH STREET
MIAMI FL 33127**

Mailing Address

**645 N.W. 20TH STREET
MIAMI FL 33127**

2. Principal Place of Business

21 7435 N. OAKMONT DR.

Suite, Apt. #, etc.

**22 City & State
MIAMI - FLORIDA**

**23 Zip Country
33015 D.S.A**

2a. Mailing Address

26 7435 N. OAKMONT DR.

Suite, Apt. #, etc.

**27 City & State
MIAMI - FLORIDA**

**28 Zip Country
33015 D.S.A**

9. Name and Address of Current Registered Agent

**BOONE, ELNORA
645 N.W. 20TH STREET
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1998

4. FEI Number

65-0844414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BOONE, ELNORA**
STREET ADDRESS **645 N.W. 20TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90006 046 ***150.00



590340-90006-46
798000042837

May 5, 1999

DIVISION OF CORPORATIONS
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314


Subject: Annual Report

Dear Agent:

Recently we realized that the annual report for 1999 was never received by our office. Please accept this filled out copy of the 1999 annual report. Due to a miscommunication in our office, it was found out late that the annual report for 1999 was missing and needed to be filed by May of 1999. Also we recently moved and had not yet notified the state of our address change. Please accept our apologies and accept our check of \$150.00 for the annual filing of the Corporation.

Thank you very much for your cooperation.

Sincerely,

X 
President