

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).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90009 003 *****8.75

08-24-1999 90009 004 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000043266**

1. Corporation Name

LUPITA INTERNATIONAL, INC.

Principal Place of Business

**37 SKYLINE DR #4301
LAKE MARY FL 32746**

Mailing Address

**37 SKYLINE DR #4301
LAKE MARY FL 32746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

59-3509783

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

9. Name and Address of Current Registered Agent

**LOE, BRIAN R
3074 W LAKE MARY BLVD #136
LAKE MARY FL 32746**

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

8/14/99

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LAVEZZO, ROBERT
STREET ADDRESS	1704 HOLLIS DR
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D <input type="checkbox"/> DELETE
NAME	MILONIG, JOHN
STREET ADDRESS	393 W LAKEVIEW AVE
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, STEPHEN
STREET ADDRESS	109 ROCKINGHAM CT
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	NORMAN, DAVID
STREET ADDRESS	1742 FIFESHIRE CT
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	NORMAN, VICTOR
STREET ADDRESS	37 SKYLINE DR #4301
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE
NAME	RODMAN, RODNEY
STREET ADDRESS	37 SKYLINE DR #4301
CITY-ST-ZIP	LAKE MARY FL 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS PARKS
1.3 STREET ADDRESS	398 HULLWATER DR
1.4 CITY-ST-ZIP	ORLANDO FL 32765
2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN LACKEY
3.3 STREET ADDRESS	329 OAK LEAF CIRCLE
3.4 CITY-ST-ZIP	LAKE MARY FL 32746
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES GEAR
4.3 STREET ADDRESS	173 GRW BOW AVE
4.4 CITY-ST-ZIP	LAKE MARY FL 32746
5.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN LACKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-99 407 805-0080
Date Daytime Phone #

CR2E034 (5/99)