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

DOCUMENT

1. Corporation Name

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90111 045 ***150.00

LEMON FROST EXPRESS, INC.									
Principal Place	e of Business	Mailing Address			-	8 3 (4) 68 (4) 88 (4) 88(AL MANDO ANTON AUTOR		
1881 NE 26TH ST. #223 1881 NE 26TH ST. #223									
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305									
						T WRITE IN TH	IS SPACE		
					3. Date incorporated or Qu	alited		ł	
#310				•	05/06/1998	1 20	16975	-U1 Fax	
2. Principal Place of Business 70 Carland 70 Rest Dr. 2a. Mailing Address 21 2850 N. Oakland 70 Rest Dr. 26 2850 N. Oakland				<+ 1-	4. FEI Number 5953/9947	165-08	App	plied For	
21			700,0	31 227.	9/3-11/		\$8.75 A	Applicable	
					5. Certifcate of Status Des	ired 🔲	Fee Red	1	
City & State					6. Election Campaign Fina	noing	\$5.00		
23 Oakland Park 7L 28 Ch Kland Park					Trust Fund Contribution		Added to	-	
Zip Country Zip 33309 Country 29 33309 30 Country 29 33300 30 Country 29 3300 30 Country 29 3300 30 Country 29 3300 30 Country 29 30 Country 29 30 Country 29 30 Country 29 30 Country 20 50			USA.		This corporation owes the Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of		d Agent		
WARDA MART				16 Z	SMET KARE	A	•		
KARGA, ISMET 1881 NE 26TH ST. #223 FT. LAUDERDALE FL 33305			82 Stre	et Addre	Address (P.O. Box Number is Not Acceptable) 50 N. Olersand TORES 7 Ac. #310				
			83						
			84 City	2016	land Park	F	85 Zip Q	Code 9	
	to the provisions of Sections 607.0502	and SO7 1509 Florida Statutos tha	above-pam					registered	
office or n	registered agent, or both, in the State of	f Florida. Such change was authoriz	ed by the co	rporation	n's board of directors. I hereby	accept the app	ointment as rec	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida St	atutes.			4/2	1/19	Ì	
SIGNATURE	Signature, typed or printed name of registered egent	and title if applicable (NOTE: Registe	red Agent signati	re required	when reinstating)	DATE	7//	—- ì	
12.	OFFICERS AND				ADDITIONS/CHANGES	O OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE 1.1	TITLE	P			NT Obsesse	[Addition	
NAME	KARGA, ISMET	1.2	NAME	KA	ARGA, ISMET 50 N. Oakland	3	10 42	,,,	
STREET ADDRESS	1001 NE 00711 OT 1000	1.3	STREET ADDRE	ss 28.	50 N. Oarland	TOREST	DR. 43		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	1.4	CITY-ST-ZIP	Oa	alsland Park	TL 33	307		
TITLE		DELETE 2.1	TITLE	T			Change	☐ Addition	
NAME	22 NA		NAME			•			
STREET ADDRESS	•	2.3	STREET ADDRE	ss				,	
CITY-ST-ZIP.	Ì	2.	4 CITY-ST-ZIP	1	the second secon	<u> </u>			
TITLE	. DELETE 3.1TH		TITLE			•	Change	☐ Addition	
NAME		3.2	NAME						
STREET ADDRESS		3.3	STREET ADDRE	ss					
CITY-ST-ZIP			. CITY-ST-ZIP						
TITLE		☐ DELETE 4.1	TITLE				Change	☐ Addition	
NAME	·	4.3	2 NAME		•				
STREET ADDRESS		4.3	STREET ADDRE	ss	•				
CITY-ST-ZIP	·		CITY-ST-ZIP	\bot					
TITLE	1	_	TITLE		•		☐ Change	Addition	
NAME			NAME		•			Ì	
STREET ADDRESS			STREET ADORE	SS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE	}		TITLE	-			☐ Change	☐ Addition	
NAME	1	6.2	NAME						
	(STREET ADDRE					ı	

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, with all other like empowered.

SIGNATURE:

Daytime Phone #