

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 049 ***150.00

DOCUMENT # **P98000051596**

1. Corporation Name

LEM Financial, Inc. ✓

Principal Place of Business

Mailing Address

**1280 S. Powerline Rd
Ste 213**

Pompano Bch, FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06-09-98

2. Principal Place of Business

2a. Mailing Address

21 **1280 S. Powerline Rd**

25 **SAME**

4. FEI Number

65-0844630

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **213**

27 **213**

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Pompano Bch, FL**

28 **Pompano Bch, FL**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33069**

25 **USA**

29 **33069**

30 **USA**

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Steve Lindenbaum

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

1280 S. Powerline Rd

83

Ste 213

84 City

Pompano Bch FL

85 Zip Code

33069

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, as 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **Brunton Robert**
STREET ADDRESS **6449 N.W. 9th Ave.**
CITY-ST-ZIP **FL - Fort Lauderdale, FL 33309**

1.1 TITLE **Registered Agent** ☒ Change ☐ Addition
1.2 NAME **Steve Lindenbaum**
1.3 STREET ADDRESS **1280 S. Powerline Rd**
1.4 CITY-ST-ZIP **Pompano Bch, FL 33069**

TITLE **D** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(f), 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

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR