PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000053408

1. Corporation Name

LAPIDUS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

16804 SOUTH US. HIGHWAY 301

16804 SOUTH US. HIGHWAY 301

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90186 045 ***150.00



SUMMERFIELD FL 34491		SUMMERFIELD FL 34491		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed 06/12/1998		•
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26			59-3519716	No.	ot Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		!	5_Certifcate_of Status Desired	\$8.75 Fee R	Additional equired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year In	tangible	
24	25	29 3	n ´		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer	11	`	· · ·	10. Name and Address of New Registered	Agent	
			81	Name	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
JABAR, FAZIL M 16804 SOUTH US. HIGHWAY 301 SUMMERFIELD FL 34491				Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
						•	
23			83				
			84	City	FL	_ ` `	Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	22 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	, the above horized by la Statutes	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	tegistered Age	nt signature require	ad when reinstating) DATE		<u> </u>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	Jabar, fazil m		1.2 NAME				
STREET ADDRESS	16804 SOUTH US. HIGHWAY	301	1.3 STREE	TADDRESS	•		
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY-S	T-ZIP			·
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3,2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADORESS	ı			TADDRESS			
CITY-ST-ZIP			4.4 CITY-S		•		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS	1		5.3 STREE	T ADDRESS			
			5.4 CITY-9	T-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		-	6.2 NAME			•	
\ \ \			L	T ADDRESS			
STREET ADDRESS			64 CITY S				

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 suppliemental 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 or an attachment with an address, with all other like empowered.