

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076555

Entity Name: LEWIS FT. LAUDERDALE, INC.

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

220 S.W. 32ND ST.  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21107  
FT. LAUDERDALE, FL 333351107 US

**New Mailing Address:**

FEI Number: 65-0876055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, STEPHEN R.  
Address: 220 SW 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VPD  
Name: LEWIS, JODY L  
Address: 220 SW 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ST  
Name: FRAM, SANDRA  
Address: 220 SW 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP  
Name: COLEMAN, CAROLYN E  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA L FRAM

ST

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date