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 # P98000081105

RON LUSTIG, INC.

Principal Place of Business

Mailing Address

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

03-01-1999 90249 045 ***150.00



148 PARK AVE. SOUTH VINTER PARK FL 32789			348 PARK AVE. SOUTH WINTER PARK FL 32789							DO NOT WRITE IN THIS SPACE					
								Date Inc. 09/18/		l or Qualit	ed				
2. Principal Plac	ce of Business	2a. Mailing	2a. Mailing Address					FEI Number					Applied For		
1		26	ā]				59-3533390 Not A				Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certifcat	e of Statu	s Desired			\$8.75 Additional Fee Required			
City & State			City & State				Election Trust Fu		n Financi bution	ng 🗔		\$5.00 May Be Added to Fees			
Zip	Country 25	Zip	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.								
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent										
F & L CORP. 200 LAURA ST.					Na Str		ess (P.	.O. Box f	Number is	Not Acc	eptable)			- -	
THE GREENLEAF BLDG., 3RD FLOOR JACKSONVILLE FL 32201-0240				83											
					Cit	•						FL	85	Zip Code	
11. Pursuant to office or reg	the provisions of Sections 607.	ate of Florida. Such	change was author	zea by	ine c	ned corpo corporatio	oration in's bo	submits ard of dir	this state ectors. I	ment for hereby ac	the purpo cept the	se of ch appointr	angir nent	ng its registered as registered	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	PRES	DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	ROMAIN J LUSTIG		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		1.4 CITY-ST-ZIP		
TITLE	V-PRes'	DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	WILLIAM G. CLAUSE		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	Decambo FL 32803		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		771 A 1 (2)
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4, 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	M 0	□ A JJ:4:
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	□ Channe	☐ Addition
TITLE	Ų	DELETE	61 TITLE	Change	☐ Addition
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1 12 5 4	6.4 CITY-ST-ZIP	Section 110 07/3Vi) Florida Statutes I further certify that the in	formation

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: