Apr 19, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083213

1. Corporation Name

LEWIO F	PROPERTIES, INC.								
Principal Place	o of Business	Mai	iling Address				T I TOOTTE BUT ING TOTAL LUTIN DETIN DENIS BUT IN	010118100 *1410 11 90 1	
Principal Place of Business Mailing Address 220 S.W. 32ND ST. 220 S.W. 32ND ST.									
FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315									
2 100 - 110 1							DO NOT WRITE IN T	THIS SPACE	
							3. Date Incorporated or Qualifed		
							09/25/1998		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		plied For
21		26					65-0816106		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27		-		 		Fee Re	<u>-</u>
City & Stat	le -		City & State	/-• ··		. ,	6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	o Fees
Zip	Country		Zip	Count	try		8. This corporation owes the current year		□ Na
24	25	29		30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Regist	ered Agent		<u></u>		10. Name and Address of New Registe	rea Agent	
· eter	DUENC IOUN E			8	31 1	Name			
	PHENS, JOHN E			8	32 S	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	S.W. 32ND ST.								
FI, I	ALU FL			8	33				
				8	34 (City		FL 85 Zip C	Code
		00 4 00	7 1500 Florido Statuto	o the abo		amad carro	ration submits this statement for the purpos	- - , ,	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida	a. Such change was at	utnorizea t	ργ της	e corporation	i's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE				_					
	Signature, typed or printed name of registered ag				gent sig	gnature required	when reinstating) DAT		DS IN 12
12.	Signature, typed or printed name of registered ag OFFICERS A		TORS	13.		gnature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
12: TITLE	Signature, typed or printed name of registered ag OFFICERS A DIRECTOR/PRESIDENT	ND DIREC		13.	E	gnature required			
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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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STEPHEN R. LEWIS JOHN E. STEPHENS

3/29/99 (954)767-1235

Daytime Phone #