**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90032 046 \*\*\*150.00

DOCUMENT	#	P98000091219	

1. Corporation	Name					
LTRT, IN	C.					
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				- :	OFFICE \$2500 \$10070 TIEROT INC.50 COUR IN	E)
Principal Place	of Business	Meiling Address		1		
4201 N. HILLS D	DRIVE	4201 N. HILLS DRIVE				
HOLLYWOOD FL	_ 33021	HOLLYWOOD FL 33021		DO NOT WRITE IN TI	HIS SPACE	
					THO OF FIGE	
				3. Date Incorporated or Qualified		- 1
				10/27/1998		—
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65 - 0898351	Applied For	
21		26		65-00 10 33 1	Not Applicat	xe
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5.: Certificate of Status Desired	\$8.75 Additional	
22		27		3	Fee Required	
City & State	)	City & State	·	Election Campaign Financing	\$5.00 May Be	
23	·	28		Trust Fund Contribution	Added to Fees	→
Zip	Country	. Zip	Country	8. This corporation owes the current year		±
24	25	29	36	Personal Property Tax.	Yes No	<b></b>   ⋅
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent	
			81 Name	·		l
LASK	(O, SAMUEL DR.		<u></u>	The second secon		$\dashv$
	N. HILLS DRIVE		82 Street Add	ress (P.O. Box Number Is Not Acceptable)		
	YWOOD FL 33021		63	· ·		
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	$\wedge$		84 City		85 Zip Code	- 1
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11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corr	porallon submits this statement for the purpose no's board of directors. I haveby accept the ap	i of changing its registered	'
office or re	gistered agent, or opport my the state of	of Florida. Such change was au	u toti z na by the corporer	on a bodio of the bottom of the party of the		
agent. I an	n familia. With, and dicce. It the obligat	mags of Secti <u>on</u> 607.0505, Flori	da Slatuțes.		4 - 4	
	n familiar with, and docean the obligat	tions of, Section 607.0505 Flori	ta Statutes. 【ストレン	orallon submits this statement for the purpose on's board of directors. I hereby accept the ap	-5/89	
SICKATURE.			da Slaturjes.  CASVA  Registered Agent signatura require	d when reinstating) QATE	-3/1/	I _
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CITY-ST-ZIP 14. I hereby certify that the information supplied with tills 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 agricular eport is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation of the process 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 attraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 🚖

STREET ADDRESS

TUBE REQUIRED