

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000094877**

1. Corporation Name
L.A.R.K. INC.

Principal Place of Business
**456140 S.W. 89TH AVE.
MIAMI FL 33157**

Mailing Address
**456140 S.W. 89TH AVE.
MIAMI FL 33157**

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90005 040 ***550.00

610438 - 90005 - 70



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0886129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **15610 SW 89 AVE.**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL.**

Zip

24 **33157**

Country

25 **U.S.A.**

2a. Mailing Address

26 **15610 SW 89 AVE.**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL.**

Zip

29 **33157**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**REDMOND, RICHARD
456140 S.W. 89TH AVE.
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

REDMOND, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)

15610 SW 89TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33157

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD REDMOND

7-8-99

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **REDMOND, RICHARD**

STREET ADDRESS **456140 S.W. 89TH AVE.**

CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DS** ☐ DELETE

NAME **REDMOND, ANNE C**

STREET ADDRESS **456140 S.W. 89TH AVE.**

CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **15610 S.W. 89TH AVE.**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **15610 S.W. 89TH AVE**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

RICHARD REDMOND

Date

7-8-99

Daytime Phone #

305-235-1509

CR2E034 (5/99)