

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90238 031 ***150.00

DOCUMENT # S25187

1. Corporation Name

LE BUN BUN OF FLORIDA MALL, INC.

Principal Place of Business

362 COMMERCE WAY
SUITE 116
LONGWOOD FL 32750
US

Mailing Address

362 COMMERCE WAY
SUITE 116
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1991

4. FEI Number

59-3047055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

SCHIANO, BIAGIO
502 RIVIERA DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name DULIN, RAMSEY W.
82 Street Address (Do not include P.O. Box number, if applicable) 201 S. ORANGE AVENUE
83 STE. 1090
84 City ORLANDO FL 85 Zip Code 32801

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/99

12. OFFICERS AND DIRECTORS

TITLE DSP ☐ DELETE
NAME SCHIANO, BIAGIO
STREET ADDRESS 502 RIVIERA DRIVE
CITY-ST-ZIP ALTAMONTE SPGS. FL 32701

TITLE PVT ☐ DELETE
NAME LEHMANN, KEITH
STREET ADDRESS 2587 S SEMORAN BLVD #1832
CITY-ST-ZIP ORLANDO FL 32822

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 872 CRESTON DRIVE
1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 502 RIVIERA DRIVE
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ASSISTANT SECRETARY
3.3 STREET ADDRESS SALLI A. MELVIN
3.4 CITY-ST-ZIP 1700 SMOKETREE CIRCLE
APOPKA, FL 32712

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRES/SEC

4/19/99

407-830-5338

Daytime Phone #

CR2E034 (1/98)

0073502