

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90040 043 ***150.00

DOCUMENT # S55250

1. Corporation Name

LOPASH INVESTMENT CORP.

Principal Place of Business

POST OFFICE BOX 26328
TAMARAC FL 33328

Mailing Address

POST OFFICE BOX 26323
TAMARAC FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

4. FEI Number

65-0267600

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9728 W. Sample Rd.

Suite, Apt. #, etc.

22

City & State

23 Coral Springs, FL

Zip Country

24 33065 25 USA

2a. Mailing Address

26 9728 W. Sample Rd.

Suite, Apt. #, etc.

27

City & State

28 Coral Springs, FL

Zip Country

29 33065 30 USA

9. Name and Address of Current Registered Agent

SCHANTZ, SCHATZMAN & CL
FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD #1050
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME EISENBERG, JAY

STREET ADDRESS 5701 N PINE ISLAND RD #250

CITY-ST-ZIP TAMARAC FL

TITLE VP ☐ DELETE

NAME PINCHEVSKY, DAVID

STREET ADDRESS 5701 N PINE ISLAND RD #250

CITY-ST-ZIP TAMARAC FL

TITLE S ☐ DELETE

NAME SITKOFF, STEVEN

STREET ADDRESS 5701 N PINE ISLAND RD #250

CITY-ST-ZIP TAMARAC FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

9728 W. Sample Rd.
Coral Springs, FL 33065

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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED EISENBERG

1/4/99

954-755-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176000

CR2E034 (11/98)