

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 *Amended*

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 JUL -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57891

1. Corporation Name

LVO INC.

Principal Place of Business

1510 HARRISON ST.
HOLLYWOOD FL 33020

Mailing Address

1510 HARRISON ST.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/7/1991

4. FEI Number

65-027-1620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

OTTEN, LOUIS V.
1510 HARRISON ST.
HOLLYWOOD FL 33020

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

11 TITLE

NAME PD
STREET ADDRESS OTTEN, LOUIS V.
CITY-ST-ZIP 1510 HARRISON ST.
HOLLYWOOD FL 33020

12 TITLE

NAME RICHARD
STREET ADDRESS
CITY-ST-ZIP

13 TITLE

NAME UD
STREET ADDRESS TICHY, RICHARD
CITY-ST-ZIP 6035 NW 81ST TERRACE
PARKLAND FL 33067

14 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE

62 NAME
63 STREET ADDRESS
64 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

954-722-2884

Date

Daytime Phone #

CR2E034 (11/98)