

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  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90055 015 \*\*\*150.00

DOCUMENT # V14890

1. Corporation Name  
B & L VENTURE, INC.



Principal Place of Business  
SUITE 300  
150 N.W. 168 STREET  
NORTH MIAMI BEACH FL 33169

Mailing Address  
STE 310  
150 N.W. 168 STREET  
NORTH MIAMI BEACH FL 33169  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1992

4. FEI Number

65-0313952

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 1920 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

SUITE 906

City & State

23 HALLANDALE FL

Zip

33009

Country

25 USA

2a. Mailing Address

26 1920 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

SUITE 906

City & State

28 HALLANDALE FL

Zip

33009

Country

30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

ARTHUR E. LIPSON

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

1920 E. HALLANDALE BEACH BLVD.

83

SUITE 906

84 City

HALLANDALE

85

Zip Code

33007

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

ARTHUR E. LIPSON, PRES.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
LIPSON, ARTHUR  
STREET ADDRESS  
150 NW 168TH ST STE 310  
CITY-ST-ZIP  
N. MIAMI BEACH 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

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  
ARTHUR E. LIPSON  
1.3 STREET ADDRESS  
1920 E. HALLANDALE BEACH BLVD. - #906  
1.4 CITY-ST-ZIP  
HALLANDALE, FL 33009

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E. LIPSON

3/26/99

Date

(954) 454-1114

Daytime Phone #

CP25034 (11/98)

0245073