1999

DOCUMENT # MOZCO



FLORIDA DEPARTMENT OF STATE

Katherine Harris

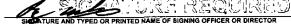
Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90041 003 ***150.00

Corporation	LO'S, INC.	•										
Principal Place	e of Business	Mailing Address			-	1 INEII U			12 1 0 31 0 1011 41		DINKI NIPIK INKI	
812 NW 8TH A		2516 SW 4TH AVE			Ì							
FORT LAUDERO		BAY 522										
US		FT.LAUDERDALE FL 33315			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
		US			3			Jualited				
		The state of the s				05/20/19 4. FEI Numbe				1 1	pplied For	
	lace of Business	2a. Mailing Address			'	65-03338					ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.									Additional	
22	27				!	5. Certifcate of	f Status De	esired		.	equired	
City & State	BE TO LETTER ST. NOT TO SERVER A	City & State				6. Election Ca	mpaign Fi	nancing		\$5.00	May.Be	
23	28					-Trust Fund			<u> </u>		to Fees	~:
Zip Country		Zip Country			1	8. This corporation owes the current year Intangible						
24 25		29 30				Personal Pr				☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent		1	16	0. Name and	Address	f New Re	egistered .	Agent		1
	Can the		81	Name								
HOLLAMBER, MARK 9360 SUNSET DRIVE			82	Street A	Address	(P.O. Box Nur	nber is No	Acceptab	ole) .	•		
			_									ł
STE.	267 Al FL 33173-373		83	1								
MIMI	MI FL 331/3-3/3		84	City			_		FL	85 Zip	Code	
			_	<u> </u>		·		t for the n		changing its	rogietared	ł
office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	lions of, Section 607.0505, Florida	Statutes	•. 			ors. I here	by accept		ntment as re	egistered*	"
Signature, typed or printed name of registered a					equired whe		CHANGES	TO OFF	DATE ICEDS AN	ID DIRECTO	DRS IN 12	á
12.			13. 1.1 TITLE		PD	ADDITIONS/CHANGES TO OFFICERS				1 Change	☐ Addition	
TITLE			1.2 NAME	NAME		الرمح	JOHA	, 1R			_	1
NAME	0.00 A 1141 OTH A 1 (FEB. 1)		1.3 STREET ADDRESS		81	2 11/10	8th	mone	<u>.</u> '			5
STREET ADDRESS	FT LAUDERDALE FL 33315		1.4 CITY-S			LAMUE				15		1
CITY-ST-ZIP TITLE	D	DELETE 2.1		11-211		WIF-10C				Change	☐ Addition	(
NAME	WILCOX, SCOTT A	22 N		1								
STREET ADDRESS	ALA ANAL AND LAUGH HE		-	TADDRESS						نون نون (۱۳۵۲)	· · · · · · · · · · · · · · · · · · ·	=
CITY-ST-ZIP			2.4 CITY-ST-ZIP		4-2			· ·				
TITLE	P	DELETE 3.1 TI		-		,	_			Change	☐ Addition	
NAME	WILCOX, DIANE D		3.2 NAME		<u></u>		<u>-</u>					-
STREET ADDRESS	DDRESS 812 NW 8TH AVENUE		3.3 STREE	T ADDRESS								
CITY-ST-ZIP	FORT LABREDDALE EL 22245		3.4. C!TY-	ST-ZIP				•				
TITLE		☐ DELETE 4.1 TI								Change	Addition	
NAME			4. 2 NAME									
STREET ADDRESS	ADDRESS 4.3		4.3 STREE	T ADDRESS]
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP								1
TITLE		☐ DELETE 5.1 TV								Change	Addition	
NAME	· •		5.2 NAME								•	
STREET ADDRESS	IREEI ADDRESS		5.3 STREET ADDRESS									1
CITY-ST-ZIP	ZIF			CITY-ST-ZIP							A J J (1)	-
TITLE	E		6.1 TITLE							Change	Addition	1
NAME			6.2 NAME									
STREET ADDRESS		•	6.3 STREE	ET ADDRESS								

6.4 CITY-ST-ZIP 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:



March 17/99