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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39429**

760 NW 107TH AVE

SAIONTZ, JEFFREY P.

JORDON, MARGARET

KRASNOFF, JEFFERY P

760 NW 107TH AVE

760 NW 107TH AVE

760 NW 107TH AVE

MIAMI FL 33172

MCMICKLE, J.T.

AS

MIAMI FL 33172 -

760 NW 107TH AVE

MIAMI FL 33172

MIAMI FL 33172

CEOD

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

Corporation Name

LFH SUB I, INC.

Principal Place of Business

760 NW 107TH A MIAMI FL 33172	L 33172 MIAMI FL 33172				DO NOT WRITE IN T	HIS SPACE		
US		US			3. Date Incorporated or Qualifed			
	•				05/28/1992			
		2a. Mailing Address			4. FEI Number		Applied For	
2. Principal Pla	ace of Business				65-0335815		Not Applicable	
Suite, Apt.	- ~ \	Suite, Apt. #, etc.)		5. Certificate of Status Desired		5 Additional Required	
22 O 17 City & State	E BOO	City & State	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees	
23		28	C					
Zip	Country	├──	Country		This corporation owes the current year Personal Property Tax.	Yes	□No	
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent	81	Name	10.			
Rubin, Shelly								
760 NW 107TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33172				201	HE 300			
MIAN	FL 331/2		83		_			
}			84	City		FL 85 Z	Zip Code	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ot Fiorida. Such change was audio	JIIZEU UV	THE COLPORAL	poration submits this statement for the purposion's board of directors, I hereby accept the a	e of changing ppointment as	j its registered s registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	istered Ager	t signature requir	red when reinstating) DAT			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	nge 🔲 Addibion	
NAME	MILLER, LEONARD		1.2 NAME					
STREET ADDRESS	700 N.W. 107 AVENUE		1.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			nge S.7 Addition	
TITLE	DC	DELETE	2.1 TITLE			Char	nge <u>7. Addition</u>	
NAME	MILLER, STUART A		2.2 NAME	•	100 NW 107 AUE		** -//	

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SAIONTZ, Steven J.

inte 364 1

MARGARET JORDAN

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

DELETE

DELETE

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

MARGARET JORDAN, TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 9 305 485 200C

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 041 ***150.00

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Addition

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☐ Change