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

**PROFIT** CORPORATION ANNUAL REPORT

1999

F & L PROPERTIES, INC.

1. Corporation Name

DOCUMENT # **V53665** 



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90058 002 \*\*\*150.00

Principal Place of Business Mailing Address 7481 NW 41ST COURT 7481 NW 41ST COURT LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/28/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 26 2543 2543 65-0347465 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired MIRMI Fee Required 22 MIRM **\$5.00** May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible 140 □No Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FILINGS INC. 82 Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH STREET FT LAUDERDALE FL 33311 83 84 85 Zip Code City visions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the plo office or registered agent. I am familia SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE ☐ Change ☐ Addition TITLE LEVINSON, JUDITH 1.2 NAME NAME 2543 PINETree DR 1.3 STREET ADDRESS 7481 NW 4/ST CT STREET ADDRESS láudérhill fl 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 TITLE TITLE FEISS, JOEL 2.2 NAME NAME AQUA VISTA BR 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CUTY-ST-ZUP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

CITY-ST-ZIP