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

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

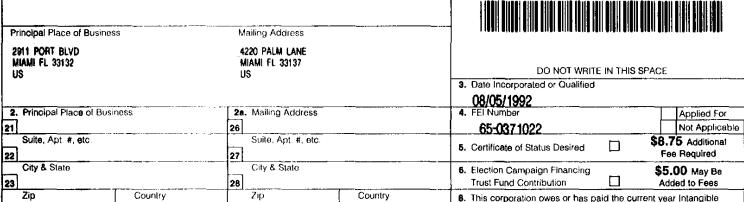
DOCUMENT # V56599

(6)

GEORGE S. LAVEN, INC.

24

FILED								
May 11 1998 8:00am								
Secretary of State								



30

9. Name and Address of Current Registered Agent LAMONT, ROBERT S. 2 SOUTH BISCAYNE BLVD. **ONE BISCAYNE TOWER, SUITE 3550 MIAMI FL 33131**

25

try	This corporation owes or has paid the current year Intangible
	Personal Property Tax due June 30. 🔃 Yes 🔲 No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
В3	
В4	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

agent. I am familiar wiri, and accept the divigitings of, Section 607,0505, Florida Statutes								
SIGNATURE	Signature, typind or profing name of region red agent and title	4/01	110	3	DATE. TIL	2		
12.	Signature, typed or printed name of registred agent and title OFFICERS AND DIREC		Registered Agent signature require		O OFFICERS AND DIRECTOR	3S IN 12		
TITLE	D /	DELETE	1.1 TITLE		Change	Addition		
NAME	LAVEN, GEORGE S.		1.2 NAME					
STREET ADDRESS	4220 PALM AVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		1.4 City - St - ZiP			Ĭ;		
TITLE		DELETE	2.1 TITLE		☐ Change	Addition		
NAME			2 2 NAME					
STREET ADDRESS			2 3 STREET ADDRESS		•			
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE	•	DELETE	3.1 TITLE		☐ Change	Addition		
NAME	ν.		3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS			ļ		
CITY-ST-ZIP			3.4. CITY+ST-ZIP					
TITLE		☐ DELÉTE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME			[
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 C(1Y - ST - Z(P					
TITLE		DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME			1		
STREET ADDRESS			5.3 STREET ADDRESS			1		
CITY-ST-ZIP		Deleve	5.4 CITY - ST - ZIP			1 1 1 1 1 1 1 1 1		
TITLE		☐ DELETE	6.1 HTLE		Change	☐ Addition		
NAME	;		62 NAME					
STREET ADDRÉSS	•		63 STREET ADDRESS			ļ		

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 suppliemental annual report is due and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustoc indicated this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or man attachment with 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 in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(

6.4 CITY-ST-ZIP

CITY-SY-ZIP

30 APR. 1998 (315)576-1955