

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M31122** (8)

1. Corporation Name
LUCKY ME, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL DI STEPHANO
2866 NW 26TH STREET
BOCA RATON FL 33434

C/O MICHAEL DI STEPHANO
2866 NW 26TH STREET
BOCA RATON FL 33434

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc. **SAME**

26. State, Apt. #, etc. **SAME**

22. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

STEPHANO, MICHAEL
2866 N.W. 26TH ST
BOCA RATON FL 33434

3. Date Incorporated or Qualified 04/28/1986	3a. Date of Last Report 06/15/1995
4. FEI Number 59-2678684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. 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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME DP DI STEPHANO, MICHAEL 352 DEERCREEK WILDWOOD DEERFIELD BEACH FL	<input type="checkbox"/> DELETE
12.2 NAME	<input type="checkbox"/> DELETE
12.3 NAME	<input type="checkbox"/> DELETE
12.4 NAME	<input type="checkbox"/> DELETE
12.5 NAME	<input type="checkbox"/> DELETE
12.6 NAME	<input type="checkbox"/> DELETE
12.7 NAME	<input type="checkbox"/> DELETE
12.8 NAME	<input type="checkbox"/> DELETE
12.9 NAME	<input type="checkbox"/> DELETE
12.10 NAME	<input type="checkbox"/> DELETE

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 checked, on an attachment to an address.

SIGNATURE: *Michael Di Stephano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPA *1/15/96* *305 978 0578*
DATE: 1/15/96 State & Phone #

CR2E034 (12/95)