

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 519986 (4)**  
 1. Corporation Name  
**LE' CARO, INC.**



Principal Place of Business <b>630 N.W. 16TH ST. HOMESTEAD FL 33030</b>	Mailing Address <b>630 N.W. 16TH ST. HOMESTEAD FL 33030</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/09/1976</b>	
21		26		4. FEI Number <b>59-1708329</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PAYNE, RICHARD G 610 WHITEHEAD ST. KEY WEST FL 33040</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, LEONARD G</b>	1.2 NAME	
STREET ADDRESS	<b>630 N W 16TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, MICHAEL G</b>	2.2 NAME	<b>NICCU MICHAEL G</b>
STREET ADDRESS	<b>1460 OVERSEAS HWY GULF MARATHON FL</b>	2.3 STREET ADDRESS	<b>1464 OVERSEAS HWY GULF MARATHON FL 33050</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, STEVEN L</b>	3.2 NAME	<b>NICCU, STEVEN L</b>
STREET ADDRESS	<b>3254 SANTA ROSA DR GULFBREEZE FL 32581</b>	3.3 STREET ADDRESS	<b>193 CAMELIA CIRCLE GULFBREEZE FL 32561</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWARD, KAREN R</b>	4.2 NAME	
STREET ADDRESS	<b>4 W. PAULDING AVE. BRANT BEACH NJ</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, LOURDES B</b>	5.2 NAME	
STREET ADDRESS	<b>630 N.W. 16TH ST. HOMESTEAD FL 33030-4041</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Leonard G Niccu* 20 March 1998 President

CR2E034 (10/97)