

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # F 17642

1. Corporation Name

Lehi Services & Investments

Principal Place of Business

Mailing Address (SAME)

921 SW 15 Ave #1

Fort Lauderdale, FL 33312

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

65-0178943

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23. Zip

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

Country

Zip

Country

33312

USA

3312

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nate Goodman
1880 SW 55 Ave
Plantation, FL 33317

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 authorized with and acting in the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nate Goodman

(NOTE: Registered Agent signature required when reinstating)

DATE

5-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
PRES.
NATE GOODMAN
2. STREET ADDRESS
1880 SW 55 Ave
3. CITY-STATE-ZIP
Plantation, FL 33317
4. TITLE
SECRETARY
5. NAME
RANDY GOODMAN
6. STREET ADDRESS
1000 SW 16 Ave
7. CITY-STATE-ZIP
Fort Lauderdale, FL 33312
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
15. NAME
16. STREET ADDRESS
17. CITY-STATE-ZIP
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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-05/23/97--01109--009
***173.75

14. I, the undersigned, 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 Book 12 or Book 13 if changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-97

Date

954-523-8730

Daytime Phone #

CR2E034 (9/96)