

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000003464 (5)

1. Corporation Name

THE LENCO PRO, INC.



Principal Place of Business

318 BEAR HILL ROAD
WALTHAM MA 02154

Mailing Address

1648 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 2846 B Remington Green Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 2846 B Remington Green Circle
Suite, Apt. #, etc.

4. FEI Number

14-1625106

Applied For

Not Applicable

22

City & State

23 Tallahassee FL

City & State

28 Tallahassee FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

24 32308

Country

29 32308

Country

30

9. Name and Address of Current Registered Agent

COOPER, WAYNE
1648 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

COOPER, WAYNE

82 Street Address (P.O. Box Number is Not Acceptable)

2846 B Remington Green Circle

83

84 City

Tallahassee

FL

85 Zip Code

32308

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. I, the undersigned, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE CDPS DELETE
NAME COOPER, WAYNE
STREET ADDRESS 318 BEAR HILL ROAD
CITY-ST-ZIP WALTHAM MA 02154

TITLE DELETE
NAME COOPER, WAYNE
STREET ADDRESS 318 BEAR HILL ROAD
CITY-ST-ZIP WALTHAM MA 02154

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE P.D. Change Addition
2 NAME Cooper, WAYNE
3 STREET ADDRESS 1719 VINEYARD WAY
4 CITY-ST-ZIP Tallahassee FL 32301

2 1 TITLE Treasurer Change Addition
22 NAME Johnson THOMAS
23 STREET ADDRESS 2031 DOOMARE DRIVE
24 CITY-ST-ZIP Tallahassee FL 32308

3 1 TITLE Clerk / CFO / M Change Addition
32 NAME George, Nashlee
33 STREET ADDRESS 1555 Delaney Drive, APT 908
34 CITY-ST-ZIP Tallahassee, FL 32308

4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE 900001875419 Change Addition
52 NAME -06/25/96--01106--049
53 STREET ADDRESS ***200.00
54 CITY-ST-ZIP

6 1 TITLE Change Addition
62 NAME S-HAB
63 STREET ADDRESS
64 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nashlee GEORGE 4/30/96 904-385-6777

CR2E034 (12/95)