

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003464 (5)**  
1. Corporation Name  
**THE Lenco PRO, INC.**




Principal Place of Business <b>2846 B REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308</b>	Mailing Address <b>2846 B REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-3763</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/27/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>14-1625106</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COOPER, WAYNE 2846 B REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308</b>		10. Name and Address of New Registered Agent	
81. Name	<b>Tom Johnson</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>Same</b>		
83.			
84. City	<b>Same</b>	85. Zip Code	<b>FL</b>

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>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COOPER, WAYNE</b>		1.2 NAME <b>Ben Haskew</b>	
STREET ADDRESS <b>1719 VINEYARD WAY</b>		1.3 STREET ADDRESS <b>2846 B Remington Green Circle</b>	
CITY - ST - ZIP <b>TALLAHASSEE FL 32301</b>		1.4 CITY - ST - ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOHNSON, THOMAS</b>		2.2 NAME <b>Tom Hoshko</b>	
STREET ADDRESS <b>2031 DOOMARE DR.</b>		2.3 STREET ADDRESS <b>2846 B Remington Green Circle</b>	
CITY - ST - ZIP <b>TALLAHASSEE FL 32308</b>		2.4 CITY - ST - ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>CFOM</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Sec/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GEORGE, NASHLEE</b>		3.2 NAME <b>Mike Abney</b>	
STREET ADDRESS <b>1555 DELANEY DR. APT 908</b>		3.3 STREET ADDRESS <b>2846 B Remington Green Circle</b>	
CITY - ST - ZIP <b>TALLAHASSEE FL 32308</b>		3.4 CITY - ST - ZIP <b>Tallahassee, FL 32308</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Derek Dewann</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>2846 B Remington Green Circle</b>	
CITY - ST - ZIP		4.4 CITY - ST - ZIP <b>Tallahassee, FL 32308</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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 do 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:  DATE: **4-7-97**

CR2E034 (9/96)