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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004296 (7)
1. Corporation Name
THE LENCO GROUP, INC.



Principal Place of Business: **2846 B REMINGTON CIRCLE TALLAHASSEE FL 32308**
Mailing Address: **2846 B REMINGTON CIRCLE TALLAHASSEE FL 32308-3763**

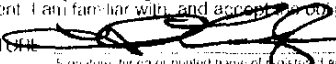
2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **08/22/1996**
3a. Date of Last Report
4. FEI Number: **04-3125811** Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**JOHNSON, THOMAS
2846 B REMINGTON CIRCLE
TALLAHASSEE FL 32308**

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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, WAYNE	
STREET ADDRESS	1719 VINEYARD WAY	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, NASHLEE	
STREET ADDRESS	2886 MANILA PALM COURT	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS	
STREET ADDRESS	2301 DOOMAR DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ben Haskew	
1.3 STREET ADDRESS	2846 B Remington Green Circle	
1.4 CITY - ST - ZIP	Tallahassee, FL 32308	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tom Haskko	
2.3 STREET ADDRESS	2846 B Remington Green Circle	
2.4 CITY - ST - ZIP	Tallahassee, FL 32308	
3.1 TITLE	Sec / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Abney	
3.3 STREET ADDRESS	2846 - B Remington Green Circle	
3.4 CITY - ST - ZIP	Tallahassee, FL 32308	
4.1 TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Derek Dewann	
4.3 STREET ADDRESS	2846-B Remington Green Circle	
4.4 CITY - ST - ZIP	Tallahassee, FL 32308	
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 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:  **THOMAS JOHNSON** 4-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)