

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J19080 (7)**

1. Corporation Name
ANDERSON-LESNIAK ASSOCIATES LTD., INC.



Principal Place of Business: **4326 EL PRADO BLVD. TAMPA FL 33629**
Mailing Address: **4326 EL PRADO BLVD. TAMPA FL 33629**

3. Date Incorporated or Qualified: **06/12/1986**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2685317**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip Country
25. Zip Country
26. State, Apt. #, etc.
27. State, Apt. #, etc.
28. City & State
29. City & State
30. Zip Country

9. Name and Address of Current Registered Agent

**LESNIAK, JOHN J.
4326 EL PRADO BLVD.
TAMPA FL 33629**

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 607.0605, Florida Statutes.

SIGNATURE: *John J. Lesniak* **JOHN J. LESNIAK** FEB 5, 1996
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LESNIAK, JOHN J.		2. NAME	
STREET ADDRESS: 4326 EL PRADO BLVD.		3. STREET ADDRESS	
CITY, ST, ZIP: TAMPA FL		4. CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME	
STREET ADDRESS:		7. STREET ADDRESS	
CITY, ST, ZIP:		8. CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	
CITY, ST, ZIP:		12. CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	
CITY, ST, ZIP:		16. CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME	
STREET ADDRESS:		19. STREET ADDRESS	
CITY, ST, ZIP:		20. 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 unchanged, or in an attachment with an address.

SIGNATURE: *John J. Lesniak* **JOHN J. LESNIAK** FEB 5 1996 813 831 9595
DATE

CR2E034 (12/95)