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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K25590

1. Corporation Name

L.M. LESLIE & ASSOCIATES, INC.

Principal	Place	of	Business
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May 04, 1999 8:00 am Secretary of State

05-04-1999 90050 022 ***150.00



	e of Business	Mailing Address					
7 72 W LUMSD I	EN RD	772 W. LUMSDEN RD.					
BRANDON FL	33511	BRANDON FL 33511					
US.	^	US				RITE IN THIS SPAC	,E
					3. Date Incorporated or Qualife	ed	
					06/07/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 1463	MAKELDDEH	- 26 1463 DAK	FIELD	DRIVE	59-2892942	·	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			,	\$8	.75 Additional
	¥ (D5	□ 'a4 1	05		5. Certificate of Status Desired	, , ,	ee Required
		City & State			5 Firsting Committee Cinemain	<u> </u>	5 00 iis
City & State			~.) (57	6. Election Campaign Financin		5.00 May Be
23 BRA	NDON, 42. 10	E 28 DRANCE	<i>7</i> ~, 4		Trust Fund Contribution		
Zip	Country	Zip	Country	y O	8. This corporation owes the co		
24 335	U 25 U S	29 335 11	30	<u> </u>	Personal Property Tax.		
	Name and Address of Current	Registered Agent			10. Name and Address of Nev	v Registered Agent	<u> </u>
	·		81	Name	`	•	
) SM∏	TH, DARRELL C.		82	Ctront Add	fress (P.O. Box Number is Not Acce	ntable)	
101	E. KENNEDY BLVD.		64	Slieet Add	stess (P.O. Box Nulliber is Not Acce	plable)	
SUN	TE 2500		83		· · · · · · · · · · · · · · · · · · ·		
	IPA FL 33602		100	1		•	
ייורו	II A L 30002		84	City		85	Zip Code
,	. ** ** ******************************					<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stati	utes, the abov	ve-named cor	poration submits this statement for the	he purpose of chang	ing its registered
office or r	registered agent, or both, in the State of members and members of the state of the state of the obligations are stated in familiar with, and accept the obligations.	of Florida. Such change was ions of Section 607 0505. F	authorized by Iorida Statute:	y the corporati	tion's board of directors. I hereby acc	cept the appointmen	r as registered
ayent. 1 a	ini lamiliai wilit, and accept the obligati	ions of, odellon do 1.0000, 1	ional Glatero	. .			•
SIGNATURE	Signature, typed or printed name of registered agent	t and title if emplicable /hto	FE: Registered Ans	ent signature requir	red when reinstating)	DATE	
	OFFICERS AND		13.	sit agrictare requi	ADDITIONS/CHANGES TO C	DEFICERS AND DIS	RECTORS IN 12
12.			13.				
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	LESLIE, LEE MICHAEL ZZ 2 W LUMSDEN R D	. DELETE	1.2 NAME			. –	ī. —
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CITY-ST-ZIP 14. I 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, with all other like empowered.