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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

AND INVENIT #

1. Corporation		# V124 LEANING SERVI		(9) ., INC.	 						
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				ailing Address	ing Address			t namer minner night bigge affill	INSOLUTION AL	iam didii dibii	T1E11 91811 91811 1881
1345 LONG ST. ORLANDO FL 32905				PO BOX 555704 ORLANDO FL 32850 US	5						
0 Oraș Di		-						 Date Incorporated or Qualifie 02/07/1992 	d 3a.	Date of Las 05/01/	•
Principal Place of Business 1				2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.				Suite Apt. #, etc				59-1427677			Not Applicable
City & State				7				5. Certificate of Status Desired	X		75 Additional se Required
23				Crty & State 8				Election Campaign Financing Trust Fund Contribution		\$5	.00 May Be
Ζφ 24	Country 25		29			Country 30		8. This corporation has liability fi	This corporation has liability for intangible tax under s 199.032 Florida Statutes		
	9. Name a	ind Address of Curre	nt Regis	tered Agent		I		10. Name and Address of New	Register	ed Agent	
14/4.01/	FD 180498 4					81	Name				
WAGNER, VICKIE COUTURE						82	Street A	ress (P.O. Box Number is Not Acceptable)			
1345 LONG ST. ORLANDO FL 32805											
ORDANDO PE 32805						83					-
					i	84	City	₽. 85 Zip		Zip Code	
11. Pursuant to	to the provision	s of Sections 607.050	2 and 607	'.1508, Florida Statut	tes, the abo	VE: F	amed con	poration submits this statement for the poard of directors. Thereby account the poard	F	▝▐▃▕▕▕	
familiar wit	ed agent, or be th, and accept	oth, in the State of Flor the obligations of, Sec	ida Such tion 607,0	change was authoria 1505. Horida Statute	zed by the c	orpo	pration's b	poration submits this statement for the poard of directors. Thereby accept the ap	urpose of pointment	changing its : as registeri	s registered office ed agent. I am
SIGNATURE											
12.	Signative, typed or p	philled name of registered ager	Land liber ap	glicative M _K	ÖL RojstersJ	Ayeri	Signature 7-5 p	अच्ची श्री (१०७६ को १६ कु)	DA'E		
TITLE	PD	OFFICERS AN	D DIREC.		13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	TORS IN 12
NAME	WAGNER, VICKIE COUTURE					1 1 TITLE		-		☐ Change	e 🔲 Addition
STREET ADDRESS 3503 EDLAND DR.			-			1.2 NAME					ĺ
CITY-ST-ZIP ORLANDO FL							ADDRESS				
TITLE	STD			□ DEL€ TE		1.4 CITY - ST - ZIP 2. 1 TIFLE					
NAME	CHOCOLAID, DIIDAY			٦		2.2 NAME				Change	Addition
STREET ADDRESS 41 STEELE STREET						23 STREET ADDRESS					
CITY-ST-ZIP ORLANDO FL							- ZIP				
TITLE	D D			[] DELETE		3 1 TITLE				Change	Addition
NAME	LEPAK, GARY			3		3.2 NAME				snange	
STREET ADDRESS 8325 PADDLE WHEEL COURT TAMPA FL			RT	3.3 \$		REEL A	ADDRESS				
CITY-ST-ZIP TITLE	IAMPA P	<u>L</u>			3 4 CIT		ZIP				
NAME				DELETE	4 1 111					☐ Change	Addition
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CITY-ST-ZIP							DORESS				
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NAME					5 1 TH. 5 2 NAN					Charige	Addition
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CITY-S1-ZIP					5 4 0 11		ľ				
TITLE				☐ DELETE	6 1 Tills		£11			[] (hana:	T Address
NAME					6.2 NAM		ļ			☐ Change	Addition
STREET ADDRESS					6.3 SIRI		DDRESS				
City-St-ZiP	cortific that the	in facilities and the same of	***		6 4 Offy	- \$1-	ZIF				}

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 appears in Block 12 or Block 13 if grianged, or on an attachment with an address.

GNATURE:

SIGNATURE SIGNATURE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: