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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 290536

(2)

LEN-KAR INC

FILED Apr 22 1997 8:00am Secretary of State



Principal Place 193 SW 20TH DAMA FL 3300 US	WAY	Mailing Address 3721 SW 47TH AVENUE SUITE 306 DAVIE FL 33314-2826	3721 SW 47TH AVENUE SUITE 306		3. Date Incorporated or Qualified 03/05/1965 3a. Date of Last Report 05/01/1996			
	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	·	LIA	pplied For
	SW 47th Avenue	26			59-1231471	Not Applicable		
Suite, Apt #. etc. 22 Suite 306		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required		
City & State 23 Davie, FL		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	-		8. This corporation has liability for intangible tax under s. 199.032,			
24 33314	3314 25 Broward 29		30		Florida Statutes			
		ent Hegistered Agent	8	I Name	10. Name and Address of New Re	jistered /	<u>igent</u>	,,
RIETTER,KARL C 5150 S.W. 148TH AVENUE DAVIE FL 33330				B2 Street Address (P.O. Box Number is Not Acceptable) B3				
			8	4 City		FL	65 Zip	Code
SIGNATURE	Signer act typoid or printed harve of registered a OFFICERS A	ND DIRECTORS	TE: Registered A	gent signature requ	uirad when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TILE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	RIETTER, ANITA L		1.2 NAME					
STREET ADDRESS	5150 S W 148TH AVE		1.3 STRE	ET ADDRESS				
CHTY - ST - ZIP	DAVIE, FL 00000	DELETE	14 CiTY-				☐ Change	Addition
THE	STD Rietter, Karl C						Citalige	L Addition
NAME STREET AUDRESS	5150 S W 148TH AVE		2.2 NAM	ET ADDRESS				
CITY-ST-ZP	DAVIE, FL 00000		2.4 DITY					
Title	DELETE		3.1 TITLE			······································	Change	Addition
NAME			3.2 NAMI	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-S1-ZIP			3.4. CITY					
TITLE			4.1 TITLE				L Change	☐ Addition
NAME .			4. 2 NAM	1		•		
STREET ADORESS				ET ADDRESS				
CITY-ST-ZIP TITUE		DELETE	4.4 CITY 5.1 TITLE				Change	Addition
NAME		pace/t	5.1 HTC	Į.			change	hand - Washington
STREET ACORESS			1	ET ADDRESS				
CHY-SI-ZIP			5.4 CiTY	\ \				
TITLE		DELETE	6.1 TITLE		<u> </u>		☐ Change	Addition
NAME		-	6.2 NAM				-	
STREET ADDRESS				ET ADDRESS				
C-TY-ST-ZIP			6.4 CITY					
14 100 5000	1				od in Contine 110 07/2)/i) Florida Statuta	a I fuethor	ontifu the	i the

Security that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 have an afficed 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