
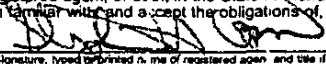


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90216 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 319041 1. Corporation Name LESGREEN CORP.			
Principal Place of Business 4317 N. STATE RD. #7 FT. LAUDERDALE FL 33319		Mailing Address 4317 N. STATE RD. #7 FT. LAUDERDALE FL 33319	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 07/18/1967		4. FEI Number 59-1170638	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Election Campaign Financing <input type="checkbox"/>		Trust Fund Contribution <input type="checkbox"/>	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Additional Fee Required \$8.75	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORN, HILDA 900 ADAMS STREET HOLLYWOOD FL 33020 Stephen H Corn 4317 N State Road 7 Lauderdale Lks FL 33319-4856		81 Name 82 Street Address (P.O. Box: Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0501 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		DATE	
		5-5-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, HILDA	1.2 NAME	
STREET ADDRESS	900 ADAMS ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	1.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, STEPHEN	2.2 NAME	
STREET ADDRESS	4317 N STATE ROAD 7	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAUDERDALE LAKES FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, HERMAN	3.2 NAME	
STREET ADDRESS	900 ADAMS ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen H. Corn VP

Date

Daytime Phone #

CR2E034 (1/98)