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**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90041 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 323190**

1. Corporation Name  
**LEEMAX, INC.**



Principal Place of Business

13615 S. DIXIE HWY  
 SUITE 115  
 MIAMI FL 33176-254  
 US

Mailing Address

13615 S. DIXIE HWY  
 SUITE 115  
 MIAMI FL 33176-254  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1967

4. FEI Number

59-1205530

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

33176-7254 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

33176-7254 30

9. Name and Address of Current Registered Agent

TELHIARD, MICHAEL  
 13615 S. DIXIE HWY  
 #115  
 MIAMI FL 33176

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME TELHIARD, MICHAEL  
 STREET ADDRESS 9225 SW 99TH STREET  
 CITY-ST-ZIP MIAMI FL 33176-2946

TITLE SD  DELETE

NAME TELHIARD, WILLACE  
 STREET ADDRESS 9225 SW 99 ST  
 CITY-ST-ZIP MIAMI FL 33176-2946

TITLE VP  DELETE

NAME TELHIARD, MAX  
 STREET ADDRESS 54 S. BLACKWATER LANE  
 CITY-ST-ZIP KEY LARGO FL 33037-2907

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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.

SIGNATURE: *Willace L. Telhiard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99  
 Date

305-235-9300  
 Daytime Phone #

CR2E034 (11/98)