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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra-D. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 379405

(4)

FILED May 09 1997 8:00am Secretary of State

	LENQUE, INC.		······································				
Principal Place		Mailing Address					
12248 SW 131 AVE 12248 SW 131 AVE MIAMI FL 33186-6402							
					3. Date Incorporated or Qualified	3a. Date of Last	Report
					03/25/1971	04/23/1996)
· '	ace of Business	2a. Mailing Address	Address		E6 46E4664		Applied For
Suite, Apt. #, etc.		Suite Apt # etc	Suite, Apt. #, etc.		3871371331	¢0.75 Autom	
22		├ 1	27		5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	D May Be
23	28		- _T		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co∪	intry	8. This corporation has liability for	r intangible tax under. Yes Mo	s. 199.032,
24	9. Name and Address of Curren	29 1 Registered Agent	30		Florida Statutes 10. Name and Address of New F		
.RIC	H, EARL R			81 Name	eenticld, Leonar	 	
	46 SW 131 AVE				ess (P.O. Box Number is Not Accept		
, MIA	MI FL 33186			12	246 5W 131 AVZ	=67215W	697cm
•	•			83	•		
t .	κ.			84 City Us		B5 Z	Code
11. Pursuant	to the provisions of Spetions 607.050	2 and 607 1508. Florida Statu	tos the al	hove-named corp	oration submits this statement for the	FL S	its registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in (1): Setto m tangliar with, and account to him to	of Florida. Such change was	authorized	d by the corporati	ion's board of directors. I hereby acc	ept the appointment a	is registered
SIGNATURE	- Y	ellors of scoper our cores, t	1501	IARD V.	GREENFIELD	4/50/2	
SIGNATURE	Signature, typed or printed name of equator d age		11 : Rogistere:	d Agent signature require	ad when reinstating)	DATE	
12.		DIRE ORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
TITLE NAME	D Harrison, John A		1.1 70 1.2 N/	1		Опанус	
STREET ADDRESS	1500 NW 48TH TER			IREET ADDRESS			8
CITY-ST-ZIP	GAINESVILLE, FL 32605			TY-ST-ZIP			18
TITLE	D	☐ DELETE	2.1 11	îl.F		Change	Addition C
NAME	DODSON, CALAWAY H		2.2 N	AME			
STREET ADDRESS	1102 BEN FRANKLIN DR. 706			TREET ADDRESS			
CITY-ST-ZIP TITLE	SARASOTA FL. TD	· SACELETE	2 1 0	TIF		Change	Addition
NAME	RICH, EARL R		3.1 N				, ES / Monion
STREET ADDRESS	6830 SW 48 TERR		1	TREFT ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		3.4, 0	HTY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TI	TLE		Change	Addition
NAME	GREENFIELD, LEONARD J		4. 2 N	I			
STREET ADDRESS	6721 SW 69 TER			IREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMIFL 33143	DELETE	4.4 CI 5.1 TI	1Y-S1- <i>2</i> IP		Change	Addition
NAME		בין טנונונ	5.1 N			□ очанфо	La Addition
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				11Y-S1-ZIP			
TITLE		☐ DELE1E	6171			☐ Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 ST	IREE1 ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 _, C	ITY-ST-ZIP		··········	

I do 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 eath; 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.