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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 448736

1. Corporation Name

LEA SALES CORP.

Principal Place	incipal Place of Business Mailing Address					1 (SBII) didit BIBBI (BUI) (BOBB (1)(S BII) AIRI) BIBI BIBI BIBI BIBI BIBI			
2795 HACKNEY RD. 2795 HACKNEY RD.									
ft. Lauderdai	FT. LAUDERDALE FL 333	31			no	NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or		SFACE	
						06/17/1974	- Anguined		
		A Bartilla a Address a				4. FEI Number	· · · · · ·		pplied For
2. Principal P	ace of Business	2a. Mailing Address				59-1542075		—+—	ot Applicable
21		26				39-13420/3	· · · · · · · · · · · · · · · · · · ·		Additional
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.			5. Certifcate of Status I	Desired	Fee R	
22	<u> </u>	City 9 State			·				
City & Stat	8	⊢ , '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	·	28		untry					10 1 003
Zip	Country	Zip		uiiuy		This corporation owe Personal Property Ta	•	Yes	□No
24	25	29	30		<u> </u>	10. Name and Address			
-	9. Name and Address of Curren	t Kegisterea Agent		81	Name	IV. Name and Address	Of Hom Hogisterion		
ΔIRI	RECHT, LARRY E.	•	·						
	HACKNEY ROAD			82	Street Addre	ess (P.O. Box Number is N	ot Acceptable)		
	AUDERDALE 33331			83					
1 1 1	AODENDALE SOSO1			63					
				84	City			85 Zip	Code
							<u> </u>	↓_ ↓_	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	autnonze	ea ov tn	e corporation	on's board of directors. I her	eby accept the appoin	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if sonlicable (NO	TF: Registere	d Agent s	ionature required	d when reinstating)	DATE		
12.	OFFICERS AN	,	13.		, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD	☐ DELETE		TTLE				Change	Addition
NAME	ALBRECHT, LARRY E.		1.2 N	NAME	İ	•			
STREET ADDRESS	2795 HACKNEY ROAD		1	STREET A	ODRESS.				
	FT. LAUDERDALE FL			CITY-ST-Z					
CITY-ST-ZIP	D	☐ DELETE	_	IIILE	ZIF			Change	Addition
TITLE	-			NAME	1			- 1	
NAME	ALBRECHT, JOYCE LYNN				000000				
STREET ADDRESS				STREET A	ſ		,	and a	i
CITY-ST-ZIP *	FT. LAUDERDALE FL	□ DELETE		CITY-ST-	ZIP			Change	Addition
TITLE		☐ DELETÉ	-	IIILE	ļ			ال الماري	
NAME			•	VAME					
STREET ADDRESS				STREET A					
CITY-ST-ZIP				CITY-ST-	ZIP	***			Addition
TITLE		☐ DELETE		TITLE		**	•	Change	☐ Add@ou
NAME			4.2	NAME		•			
STREET ADDRESS			4.3 9	STREET A	DDRESS				
CITY-ST-ZIP	<u> </u>		4.4 (CITY-ST-	ŹΙΡ				,
TITLE		☐ DELETE		TITLE			•	Change	☐ Addition
NAME			5.2 1	NAME		•			
STREET ADDRESS			5.3 9	STREET A	DDRESS				
CITY-ST-ZIP			5.4 0	CITY-ST-2	ZIP		41		
TITLE		☐ DELETE	6.17	TITLE				Change	☐ Addition
NAME			6.21	NAME					
STREET ADDRESS	· ,		6.3 8	STREET A	ODRESS		•		
CITY-ST-ZIP	·		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 an attachment with an address, with all other like empowered.

SIGNATURE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90026 032 ***150.00