## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

574397

(6)

DOCUMENT # 1. Corporation Name LEFTA CORP.

Principal Place of Business

Making Address



| POMPANO E                         | D ST<br>JEACH FL 33069-3246                    | POMPANO BEACH I     | FL 33069-3246                         |   |                                      |
|-----------------------------------|--|---------------------|---------------------------------------|---|--------------------------------------|
|                                   |  |                     |                                       | 3. Date Incorporated or Qualified 06/01/1978            | 3a. Date of Last Report 02/08/1995   |
| 2. Procipal Plac                  | ce of Business                                 | 2a. Mailing Address |                                       | 4. FEI Number   | Applied For                          |
|                                   |  | 26                  |                                       | 59-1824216  | Not Applicable                       |
| _Sut⊬, Apt_#.<br>]                | etc.   | Suite, Apt. #, etc. |                                       | 5. Cert-ficate of Status Desired                        | \$8.75 Additional Fee Required       |
| Orty & State                      |  | Oity & State        |                                       | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees       |
| Z111                              | Country  | Zp                  | Country                               | 8. This corporation has liability for i                 | ntangible tax under s. 199.032,      |
|                                   | 25   | 29                  | 30                                    |   | □ No                                 |
|                                   | 9. Name and Address of Currer                  | nt Registered Agent | 81 Name                               | 10. Name and Address of New R                           | egistered Agent                      |
|                                   |  |                     | OI Name:                              |   |                                      |
| JAMES, MICHAEL                    |  |                     | 82 Street                             | Address (P.O. Box Number is Not Acceptable              | le)                                  |
|                                   | .E. 29TH AVE.                                  |                     | 83                                    |   |                                      |
| FT. LAU                           | JDERDALE FL 33308                              |                     |                                       |   |                                      |
|                                   |  |                     | 84 City                               |   | Fi 85 Zip Code                       |
|                                   |  |                     |                                       | orporation submits this statement for the pur           |                                      |
| GNATURE _                         | g at iou typica prijekti tiske inkatemistrage. |                     | illE Bajiderod Agert sgræture         |   | DATE                                 |
| · ·· · · ·                        |  | DEFECTORS           | 13.                                   | ADDITIONS/CHANGES TO OFF                                |                                      |
|                                   | STD  | ☐ DELE7E            | 1.1 hilu <del>t</del>                 |   | Change                               |
| VI:                               | JAMES, NANCY W.                                |                     | 1.2 NAME                              |   |                                      |
| EFT ADDRESS                       | 4121 N.E. 29 AVENUE                            |                     | 1.3 STREET ADDRESS                    |   |                                      |
| 1 - 5" 7 ?                        | FT.LAUDERDALE FL                               | TOBLETE             | 1.4 C(I)Y - S1 - Z(F)<br>2.1 T(I)L(F) |   | Change Addition                      |
| l F                               | JAMES. MICHAEL                                 | [] otten            | 2 2 NAME                              |   | _ similar                            |
| UE                                | 4121 NE 29TH AVE                               |                     | 2.3 STREET ADDRESS                    |   |                                      |
| 911 A00555                        | FT LAUDERDALE, FL 0000                         | Λ                   | 2.4 CrTY - S1 - ZiP                   |   |                                      |
| Y ST 7IP<br>_E                    |  | DELETE              | 3 1 1 HCF                             |   | Change Addition                      |
| Ve                                |  |                     | 3.2 NAME                              |   |                                      |
| ELLACCAESS                        |  |                     | 3.3 STREET ADDRESS                    |   |                                      |
| y 5° 7#                           |  |                     | 3.4 CHTY IST ZIP                      | <u></u>   |                                      |
| 1.7                               |  | ☐ DELETE            | . 4 1 TITLE                           |   | Change 🔲 Addition                    |
| V:                                | (  |                     | 4.2 NAME                              |   |                                      |
| HEEL ADORESS                      | ,  |                     | 4.3 STREET ADDRESS                    |   |                                      |
| 55.78                             |  |                     | 44 CHY SI-24F                         |   | Change Addition                      |
| uf .                              |  | ☐ DELETE            | 5 1 101.05                            |   | □ eusiās □ vaditini                  |
| VE                                |  |                     | 5.2 NAME                              |   |                                      |
| -01390CA 33-                      |  |                     | 5.3 STREET ADDRESS                    |   |                                      |
| 5   \$1   <b>7</b> 00             |  | [] DELETE           | 5.4.0 (17 - S1 - 2)P<br>6.1.10 LE     |   | Change Addition                      |
|                                   |  | L.J occure          | 6.2 NAME                              |   | <u> </u>                             |
| ME<br>FOREAUCHESS                 |  |                     | 6.3 STREET ADDRESS                    |   |                                      |
| 1914 1 401, P21/S<br>155 - ST 246 |  |                     | 6.4 Cht y - S1 - ZiP                  |   |                                      |
| . F1 S1 246                       |  |                     |                                       | alfy for the exemption stated in Section 119            | OZIONI Electede Chen dans 14 cellone |

certly 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 early 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayknie Phone #