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

PROFIT



FLORIDA DEPARTMENT OF STATE

	CORPORATION ANNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
1. Corporation		580288	(9)							
LEZ,	INC.						1 1 3818) 8 1381 83143 88148 11881 11		JII DIBAI BAR	
Principal Plac	e of Business		Mailing Address							
% DENNIS R. DELOACH. JR. 8640 Seminole Boulevard Seminole Fl 34642		% DENNIS R. DELOACH. JR. 8640 SEMINOLE BOULEVARD SEMINOLE FL 34642				<u> </u>				
							 Date Incorporated or Qualified 07/26/1978 		of Last F 5/01/19	•
2. Principal F	lace of Business	m = 1 m	a. Mailing Address				4. FEI Number			Applied For
21	P	26	**····				59-1852222			Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Sta	te	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip 24	25	untry		Gour	ntry		This corporation has liability fo Florida Statutes	r intangible ta		
		ddress of Current Reg		1301			10. Name and Address of New		Agent	
					81	Name				
HOFSTRA, PETER					82 Street Ari		ress (P.O. Box Number is Not Accepta	able)		
8640 SEMINOLE BLVD			83							
SEMIN	OLE FL 34642				83					
					84	City			85 Zi	p Code
or registe familiar w SIGNATURE	red agent, or both, in ith, and accept the c	the State of Floridal Subligations of, Section 60 name of registered against and tale	ch change was authorize 7.0505, Florida Statutes.	d by the o	огра	ration's boa	ration submits this statement for the p and of directors. Thereby accept the ap	urpose of cha pointment as	nging its i registered	egistered office Lagent. Lam
12.	T 00	OFFICERS AND DIRE		13.			ADDITIONS CHANGES TO OF	- · · - · · · · · · · · · · · · · · · ·		
NAM!	PD Benczik, 20	I TAN	☐ DEFEIE	1. 1 711				ι	Change	Addition
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CITY - ST - ZIP		ILL ONT. CAN		1.4 CIT						
TITLE	STD		DELFTE	2 1 111					Change	Addition:
NAME	BENCZIK, ELI			2.2 NAF	ME					
STREET ADDRESS	56 DIREZZE (COURT		0.0.010	err e	NODRESS				
CITY-ST-ZIP TIBLE	RICHMONU F			23511	itt i A					
NAME	l AC	ILL, ONT CAN	T) DE LE	24 CIT	Y-\$!	- ZiP			7 Channa	Addition
STREET ADDRESS	AS HOESTRA PI	IILL, ONT CAN	DELETE	24 CIT 3 1 TIE	Y-S! LF	- 714			Change	Addition
	HOFSTRA, PI	IILL, ONT CAN ETER	C) DELETE	24 CIT 3 1 TIC 3 2 NAS	Y-S! LF VIF] Change	Addition
CITY - ST - ZIP		ILL, ONT CAN TER ILE BLVD	DELETE	2 4 CIT 3 1 TI 3 2 NA! 3 3 STI	Y-S! LE ME REEL:	ADDRESS .			_ Change	Addition
CHY-SI-ZIP TITLE	HOFSTRA, PI 8486 SEMINO SEMINOLE FI D	TER ETER LE BLVD	DELETÉ	24 CIT 3 1 TIC 3 2 NAS	Y-S! LF ME REEL: Y-SI	ADDRESS .			Change Change	☐ Addition
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TITLE NAME STREET ADDRESS	HOFSTRA, PI 8486 SEMINO SEMINOLE FI D BENCZIK, LE 56 DIREZZE (ILL, ONT CAN TER ILE BLVD SLIE COURT	☐ DELETE	2 4 CIT 3 1 II 3 2 NA! 3 3 STI 3 4 C T 4 1 III 4 2 NA! 4 3 STI	Y-S! LE REEL: Y-SI LE ME	Address - Zip Address				
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6.4 CHY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3/k). 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.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTER NAME OF SIGNING OPPICER OR DIRECTOR

March 23 / 96 (905) 7-37-652

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

March 23/96 (905)737-6546