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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 580288

(9)

1. Corporation Name
LEZ, INC.



Principal Place of Business

% DENNIS R. DELOACH, JR.
8640 SEMINOLE BOULEVARD
SEMINOLE FL 34642

Mailing Address

% DENNIS R. DELOACH, JR.
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772-3801

3. Date Incorporated or Qualified
07/26/1978

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5 PERCY WRIGHT ROAD

22 City & State

27 R.R. 3

23 Zip Country

28 NEWMARKET, ONTARIO

24 Zip Country

29 L3Y 4W1 30 CANADA

4. FEI Number
59-1852222

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOFSTRA, PETER
8640 SEMINOLE BLVD
SEMINOLE FL 34642

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
NAME BENCIK, ZOLTAN
STREET ADDRESS 58 DIREZZE CT.
CITY-ST-ZIP RICHMOND HILL ONT CAN ☐ DELETE

TITLE STD
NAME BENCIK, ELISABETH
STREET ADDRESS 58 DIREZZE COURT
CITY-ST-ZIP RICHMOND HILL, ONT CAN ☐ DELETE

TITLE AS
NAME HOFSTRA, PETER
STREET ADDRESS 8486 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL ☐ DELETE

TITLE D
NAME BENCIK, LESLIE
STREET ADDRESS 58 DIREZZE COURT
CITY-ST-ZIP RICHMOND HILL UNIONVILLE CAN ☐ DELETE

TITLE D
NAME BENCIK, ZOLTAN G. C.
STREET ADDRESS 10 ROBERT ST.
CITY-ST-ZIP UNIONVILLE, ONT CAN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5 PERCY WRIGHT RD
1.4 CITY-ST-ZIP NEWMARKET ONT L3Y 4W1 CAN

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5 PERCY WRIGHT RD
2.4 CITY-ST-ZIP NEWMARKET ONT L3Y 4W1 CAN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 5 PERCY WRIGHT RD
4.4 CITY-ST-ZIP NEWMARKET ONT L3Y 4W1 CAN

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS Same
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: *E. Benzik*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22/97 416-281-3232
Date Daytime Phone #

CR2E034 (9/96)