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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

LEZ, INC.

580288

(9)

FILED Mar 20 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | 1 (4)(5) 4)(4) 4 | #### ################################# |
|---|-------------------------------|--|-------------------------|---|--|
| % DENNIS R. DELOACH, JR. 8840 SEMINOLE BOULEVARD SEMINOLE FL 34642 | | % DENNIS R. DELOACH. JR. R.R. 3. NEWMARKET. ONTARIO ONTARIO CA 34642 US | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date incorporated or Qualified | 13 ST AGE |
| | | US | | 07/26/1978 | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | INCH OF BUSINESS | 26 Mr. L. Be: | nczik | 59-1852222 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 5 Percy W | right Rd. | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | zzgiic mar | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 Newmarket | Onterio | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | current year Intangible |
| 24 | 25 | 29 T. 3V AWT | 30 Canada | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curren | | Ganada | 10. Name and Address of New Register | ed Agent |
| HOFSTRA, PETER 81 Name | | | | | |
| 8640 SEMINOLE BLVD | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | MINOLE FL 34842 | | PZ Street Aud | gress (F.O. Box Number is Not Acceptable) | |
| OLIMINODE I E OTOTE | | | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| | | o d con 4500. Fleride Otel de | and the shows named nor | | |
| 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered | | | | uired when reinstating) DATI | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| TITLE | PD PENATRI TOLERA | ☐ DELETE | 1.1 TITLE | | Citable Noticion |
| NAME | BENCZIK, ZOLTAN | | 1.2 NAME | | |
| STREET ADDRESS | 5 PERCY WRIGHT RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWMARKET ONTARIO CA | DELETE | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | STO | ☐ OFFEIF | 2.1 TITLE | | CHRUBE - NOOTON |
| NAME | BENCZIK, ELISABETH | | 2.2 NAME | | |
| STREET ADDRESS | 5 PERCY WRIGHT RD | | 2.3 STREET ADDRESS | • | |
| City-St-ZIP | NEWMARKET ONTARIO CA | T DELETE | 2. 4 CITY-ST-ZIP | | Change Addition |
| TITLE | AS | DELETE | 3.1 TITLE | | The reside The vocation |
| NAME | HOFSTRA, PETER | | 3.2 NAME | | |
| STREET ADDRESS | 5 PERCY WRIGHT RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWMARKET ONTARIO CA | □ oc. etc | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENCZIK, LESLIE | | 4. 2 NAME | | |
| STREET ADDRESS | 5 PERCY WRIGHT RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWMARKET ONTARIO CA | —————————————————————————————————————— | 4.4 CITY-ST-ZIP | | Change Addition |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | BENCZIK, ZOLTAN G. C. | | 5.2 NAME | | |
| STREET ADDRESS | 5 PERCY WRIGHT RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWMARKET ONTARIO CA | | 5.4 CITY-ST-ZIP | | D 05 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| C/TY-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 flue 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 effective and does.