

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

FILED

Apr 18 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 # 613102 (3)

1. Corporation Name  
LEANOD, INC.



Principal Place of Business  
3800 NORTH HILLS DRIVE, APT 401  
HOLLYWOOD FL 33021

Mailing Address  
3800 NORTH HILLS DRIVE, APT 401  
HOLLYWOOD FL 33021-2542

3. Date Incorporated or Qualified  
03/15/1979

3a. Date of Last Report  
04/19/1996

4. FEI Number  
65-0283014

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

2. Principal Place of Business  
21 19682 WATERS POND LN #904  
Suite, Apt #, etc.  
22

2a. Mailing Address  
26 19682 WATERS POND LN #904  
Suite, Apt #, etc.  
27

City & State  
23 BOCA RATON, FL  
Zip Country  
24 33434 25 USA

City & State  
28 BOCA RATON, FL  
Zip Country  
29 33434 30 USA

9. Name and Address of Current Registered Agent  
LORBERBAUM, DONALD C  
3800 NORTH HILLS DRIVE, APT. 401  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name  
DONALD C. LORBERBAUM

82 Street Address (P.O. Box Number is Not Acceptable)  
19682 WATERS POND LN. # 904

83

84 City  
BOCA RATON FL

85 Zip Code  
33434

11. Pursuant to the provisions of Sections 607.0507 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 4-10-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
LORBERBAUM, DONALD C  
3800 N. HILLS DR., #401  
HOLLYWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
LORBERBAUM, LEAH  
3800 N. HILLS DR., #401  
HOLLYWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
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: 4-10-97  
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0129892

CR2E034 (9/96)