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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 613102

1. Corporation Name

LEANOD, INC.

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90042 031 ***150.00



									II BIBII IBII
Principal Place of Business Mailing Address									
19682 WATERS	POND LN		19682 WATERS POND LN			Ì			
904 BOCA RATON FL 33434 US			904 Boca Raton FL 33434 US			DO NOT WRITE IN THIS SPACE			
		US BOCA BAT				3. Date Incorporated or Qualifed			
US						03/15/1979	. <u> </u>		
2 Principal Di-	ace of Business	2a. Mailing	Address		 	4. FEI Number Applied For			
_	acc or odolinood	26	<u> </u>			65-0283014		 _	Applicable
Suite, Apt.	¥, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗀 :	\$8.75 Ad	
22	•	27				J. Detailoute of Ottalas Book		Fee Req	
City & State)		City & State			6. Election Campaign Finan	icing 🗆	\$5.00 N	•
23		28				Trust Fund Contribution	<u></u>	Added to	rees
Zip	Country	Zip	F	Count	try	8. This corporation owes the		ngible ⊡Yes [∃No
24	25	29		30		Personal Property Tax. 10. Name and Address of I			
	9. Name and Address of Curr	rent Registered A	gent		31 Name	10. Name and Address of I	And Leadistered W	<u>.</u>	
ion	DEDBALIM DONALD C	•		ľ					
LORBERBAUM, DONALD C 19682 WATERS POND LN			82 Street Ad		32 Street Addr	dress (P.O. Box Number is Not Acceptable)			
904			83						
904 BOCA RATON FL 33434					30	10000000000000000000000000000000000000	的發展問題指		at natival
ВОС	A NAIVII FL JUTUT			ļī	B4 City		FL	85 Zip C	ode .
4 MAN 9 1 12.7 _	to the provisions of Sections 607.0		S EL J. OL.		nuo namad acm	poration submits this statement for	the purpose of c	hanging its r	egistered
ি office or n ি agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl					on's board or directors. Thereby			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicab	le (NOTE:	Registered A	gent signature require	ed when reinstating):	DATE	DIDECTO	20 IN 12
12.		AND DIRECTOR	3	13.		ADDITIONS/CHANGES T	O OFFICERS AN	Change	Addition
TITLE	Р	•	☐ DELETE	1.1 TITL		STATISTICS.			
NAME	LORBERBAUM, DONALD C			1.2 NAN	İ				
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STREET ADDRESS	1.				TY-ST-ZIP	•	•	•	
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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 arrhual 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, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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561 470 - 5554 Daytime Phone # CR2E034 (11/98