

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:43

DOCUMENT # **646486** (1)
1. Corporation Name
LESAGE, INC.

Principal Place of Business Mailing Address
6450 S.W. 126TH STREET ROAD MIAMI FL 33156 **6450 S.W. 126TH STREET ROAD MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/29/1979** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-1958512** 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 2a. Mailing Address
21 **685 Lamoka Court** 26
Suite, Apt. #, etc. Suite, Apt. #, etc. **Same**
22 City & State 27 City & State
23 **WINTER SPRINGS, FL.** 28
24 **32708** 25 **Seminole** 29 30

9. Name and Address of Current Registered Agent
BECKERMAN, MIRIAM
6450 S.W. 126TH STREET ROAD
MIAMI FL 33156

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
685 Lamoka Court
03 **WINTER SPRINGS**
04 City **FL** 05 Zip Code **32708**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BECKERMAN, MIRIAM
STREET ADDRESS	6450 SW 126TH ST ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	BECKERMAN, MIRIAM
STREET ADDRESS	6450 SW 126TH ST ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	685 Lamoka Court
14 CITY - ST - ZIP	WINTER SPRINGS, FL 32708
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	685 Lamoka Court
24 CITY - ST - ZIP	WINTER SPRINGS, FL 32708
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - 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: Miriam Beckerman 3/2/95 407 368 7152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)