

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 646486  
1. Corporation Name  
LESAGE, Inc.

Principal Place of Business Mailing Address  
1024 LONG BRANCH LANE  
QUIEDO, FL. 32765

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 SEMINOLE 30

9. Name and Address of Current Registered Agent  
MIRIAM BECKERMAN  
1024 LONG BRANCH LANE  
QUIEDO, FL. 32765

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. If not applicable, leave blank.

(NOTE: Registered Agent signature required when changing office.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSIT	[ ] DELETE
NAME	MIRIAM BECKERMAN	
STREET ADDRESS	1024 LONG BRANCH LANE	
CITY-ST-ZIP	QUIEDO, FL 32765	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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NAME		
STREET ADDRESS		
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TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add New  
000002827150--0  
-04/01/99--01100--025  
\*\*\*\*150.00 \*\*\*\*150.00  
[ ] Change [ ] Add New

250  
3/24/99

FILED  
99 MAR 24 PM 1:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) 11/29/79  
4. FEI Number: 59-1958512 Applied For Not Applicable  
5. Certificate of Status Deceased [ ] \$8.75 Annual Franchise Fee-Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No  
10. Name and Address of New Registered Agent

FL 85 Zip Code

CR2E034 (1/1/98)

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 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: MIRIAM BECKERMAN Pres. 3/22/99 (407)365-7152  
MIRIAM BECKERMAN