## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

LESA INVESTMENTS INC

**FILED** 

Aug 25 1997 8:00am

Secretary of State

COOK II		110, 1110										
Principal Place	e of Business		Ma	Mailing Address						H OLDII DIBII		HE BIDIN 1981
% LARY VON ZAMFT				% LARY VON ZAMFT								
17120 JUPITER FARMS RD				17120 JUPITER FARMS RD					DO NOT MIDITO	M   Tr 110 O	2105	
JUPITER FL 33478-2201 JUP				UPITÉR FL 33478-2201					DO NOT WRITE		e of Last R	
									3. Date Incorporated or Qualified 06/19/1981		12/1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
11				26					59-2121899		<del></del>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	翼	\$8.75 A	
City & State				City & State					6 Starting Convenient Start Start	······	<del></del>	
23				28					Election Campaign Financing     Trust Fund Contribution	П	\$5.00 Added	
Zip	Country			Zip Cour					<del></del>			
24	25			9 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
-41		nd Address of Current		lered Agent	1001	Γ		•	10. Name and Address of New Reg			
ZA	MFT, LARY V	'ON				81	Name	•				
17120 JUPITER FARMS RD							Chan		ess (P.O. Box Number is Not Acceptable)			
JUPITER FL 33478							Stree	( Addres				
						-					15-1 5	<u> </u>
						84	City			FL	<b>85</b> Zip i	Code
11. Pursuant office or r agent. I a	ns of Sections 607.0502 it, or both, in the State o and accept the obligat	and 60 of Floric lions of	07:1508, Florida Statut da: Such change was a , Section 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	o-name v the co	d corpo rporatio	ration submits this statement for the pon's board of directors. I hereby accept	urpose of t the appo	changing it intment as	s registered registered	
SIGNATURE												
10	Signature typod or	printed name of registered agent			· •	d Age	nt signat.	re required	when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FDC AND	DIDECTOR	10 IN 10
12.	PSTD	OFFICERS AND	LJIRL	DELETE	13. 1,1 T	ITI E		Т	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	VON ZAM	FT. LARY		perce							Onlings	
		PITER FARMS RD					1.2 NAME 1.3 STREET ADDRESS					1
STREET ADDRESS	JUPITER FL						1.4 CITY - ST - ZIP					
CITY-ST-ZIP TITLE				☐ DELETE	2.1 1		1-711				Change	Addition
NAME					2.2 N							
STREET ADDRESS							ADDRESS	.				
CITY-ST-ZIP							ST-ZIP	`				
TITLE				DELETE	3.1 1		21 - \$41				Change	Addition
NAME					3.2 N					•		
STREET ADDRESS							ADDRESS	.				
CITY-ST-ZIP							ST-ZIP					
TITLE	-			DELETE	4.1 T		·	<del></del>			Change	Addition
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STREET ADDRESS							ADDRESS	.				
CITY-ST-ZIP						(TY-S						
TITLE				DELETE	5.1 ĭ			†			Change	Addition
NAME					5.2 N	AME						
STREET ADDRESS							ADORESS	.			•	
CITY-ST-ZIP					5.4 C	ITY-S	T - ZIP					
TITLE				DELETE	6.1 1	ITLE		1		1	Change	Addition
NAME					6.2 N	AME						
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				6.3 S	TREE1	ADDRESS	:				
CITY-ST-ZIP					6.4 C	TY-S	I - 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 eath; 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.