SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999.
AMOUNT DUE ON OR BEFORE 09/30/99: $160 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700).

FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90014 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 691358 ✓ (6)

1. Corporation Name
LESA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% LARY VON ZAMFT 17120 JUPITER FARMS RD JUPITER FL 33478-2201	% LARY VON ZAMFT 17120 JUPITER FARMS RD JUPITER FL 33478-2201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1981

2. Principal Place of Business
21: 9 MARLWOOD LANE
22: Suite, Apt. #, etc.
23: PALM BEACH GARDENS FL
24: Zip 33418 25: Country USA

2a. Mailing Address
26: P.O. BOX 1217
27: Suite, Apt. #, etc.
28: JUPITER, FLA.
29: Zip 33468 30: Country USA

4. FEI Number: 59-2121899 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ZAMFT, LARY VON VON ZAMFT, LARY
17120 JUPITER FARMS RD
JUPITER FL 33478

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 9 MARLWOOD LANE
83
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33418

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD VON ZAMFT, LARY 17120 JUPITER FARMS RD JUPITER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SAME SAME 9 MARLWOOD LANE PALM BEACH GARDENS, FL 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/98)

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 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: _____ 4/28/99 561-630-7813
SIGNATURE OF OFFICER OR DIRECTOR — Date — Daytime Phone #