FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

1/29/97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484

C/O SCMHS

736213

(0)

16158 SOUTH MILITARY TRAIL

DELRAY BEACH FL 33484-6502

Mailing Address
C/O SCMHS

LEONARD LODGES, INC.

							06/25/1976	()2/20/199	6						
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number 59-1678099	Applied For Not Applicable								
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 A								
22			27				5. Certificate of Status Desired		Fee Rec							
City & State			City & State				6. Election Campaign Financing		\$5.00	Hou Bo						
23			28				Trust Fund Contribution		Added to							
Zip	Country	Country Zip			Country		8. This corporation has liability for in	ıtangible i	lax under s.	199.032,						
24	25 29 30			30			Florida Statutes									
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent										
· ·					81 Name											
SPEICHER, JOSEPH S.					82 Street Address (P.O. Box Number is Not Acceptable)											
16158 SOUTH MILITARY TRAIL																
DELRAY BEACH FL 33484					83											
					84	City FL 85 Zip Code										
11. Pursuant t	to the provisions of Sections 617 050	17 1508 Florida Statut	bove	-named corno	oration submits this statement for the pr	Irrose of	changing its	registered								
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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 617.0503, Florida Statutes.																
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE																
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 12						
TITLE	P		DELETE	1.1 f	TLE				Change	☐ Addition						
NAME	SPEICHER, JOSEPH S			1.2 N	AME	})						
STREET ADDRESS	EET ADDRESS 16158 SOUTH MILITARY TRAIL				1.3 STREET ADDRESS											
CITY-ST-ZIP	DELRAY BEACH FL 33484				1.4 CITY-ST-ZIP											
TITLE	D		DELETE	2.1 T	ITLE				Change	Addition						
NAME	Wiener, K. Howard				AME											
STREET ADORESS	16158 SOUTH MILITARY TRAIL				TREET	ADDRESS	* .			ŀ						
CITY-ST-ZIP	DELRAY BEACH FL 33484				2. 4 CITY-ST-ZIP											
TITLE	D		☐ DELETE	3.1 T	ITLE				Change	Addition						
NAME	MORGAN, CARL				AME		•									
STREET ADDRESS	16158 SOUTH MILITARY TRAIL				3.3 STREET ADDRESS											
CITY-ST-ZIP	DELRAY BEACH FL 33484			3.4. (S-YTK	T-ZIP										
TITLE	D		DELETE	4.1 T	ITLE				Change	Addition						
NAME	LEFTON, JEFFREY				NAME											
STREET ADDRESS	16158 SOUTH MILITARY TRA	L		4.3 \$	TREET	ADDRESS										
CITY - ST - ZIP	DELRAY BEACH FL 33484		Del elle		ITY-S	T- ZIP	· · · · · · · · · · · · · · · · · · ·									
TITLE			☐ DELETE	5.1 T					Change	Addition						
NAME				5.2 N												
STREET ADDRESS						ADDRESS										
CITY - ST - ZIP			Lociere		ITY-S	T-ZIP			T Ch	Addition						
TITLE			☐ DELETE	6.1 Y					Change	L. Addition						
NAME				6.2 N												
STREET ADDRESS				1		ADDRESS				}						
CITY-ST-ZIP	ay cartify that the information remails	d with t	his filing dose not quali		TY-S		in Section 119 07/3Vi) Floride Statutes	1 further	cortify that (the						
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 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 617, Florida Statutes; and that my name																
appears if	n Block 12 or Block 13 if changed, o	on an	attachment with an add	dress.		appears in Block 12 or Block 13 if changed, or on an attachment with an address.										