FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 736213 1. Corporation Name

LEONARD LODGES. INC.

LLONA	io coodeo, iiro						
Principal Place of Business Mailing Address					-		
C/O SCMHS 16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484 C/O SCMHS 16158 SOUTH MILITARY DELRAY BEACH FL 33484 DELRAY BEACH FL 3348							
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed 06/25/1976		
26					4. FEI Number	Anr	olied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1678099		Applicable
22 27						\$8.75 A	dditional
23 28				5. Certifcate of Status Desired	Fee Re	quired	
Zip Country Zip		Country		6. Election Campaign Financing	\$5.00	- 1	
24	25		30	~*****	Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New Regis	tered Agent	
SPEICHER, JOSEPH S. 16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484			82 Street Add 83 84 City		ress (P.O. Box Number is Not Acceptable)		
						· .	
					<u> </u>	85 Zip C	code
					poration submits this statement for the purp	.FL	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered A		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	 -
12.	OFFICERS AN		13.			Change	Addition
TITLE	P	-		_			j
NAME	SPEICHER, JOSEPH S		1.2 NAME 1.3 STREET ADDRESS		49 T. 18409		
STREET ADDRESS	I 16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D DELIAN BEACHTE SOTOT			E		☐ Change	☐ Addition
NAME	WIENER, K. HOWARD			Œ		٠]
STREET ADDRES	TOTAL		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	DELRAY BEACH FL 33484		_	Y+ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	3.1 TITL 3.2 NAM	1		- Cliarige	- Production
NAME	MORGAN, CARL			IE. EET ADDRESS			.]
	16158 SOUTH MILITARY TRAIL			Y-ST-ZIP			
CITY-ST-ZIP: /	DELRAY BEACH FL 33484	☐ DELETE	4.1 TITL			Change	Addition
NAME .	LEFTON, JEFFREY	·	4, 2 NA	ME .	, in the constant	ericalistica escabi	1.3 2080 (CE)
STREET ADDRES			4.3 STR	EET ADDRESS			A STATE OF THE STA
CITY-ST-ZIP					- 11 (17:5) (1) (1) (1) (1) (1) (1) (1) (1		1 21 P D 4 T F
TITLE	DELRAY BEACH FL 33484	*	_	(-ST-ZIP		Filt Fallings	TARRES
	DELRAY BEACH FL 33484	☐ DELETE	5.1 TITL	£	1	☐ Change	Addition
NAME	DELRAY BEACH FL 33484	☐ DELETE	5.1 TITL 5.2 NAA	£ Æ	1	☐ Change	Addition (
NAME STREET ADDRES	is i	☐ DELETE	5.1 TITL 5.2 NAA 5.3 STR	Æ ÆEET ADORÆSS		☐ Change	Addition (
		☐ DELETE	5.1 TITL 5.2 NAA 5.3 STR	Æ Æ REET ADORESS ! Y-ST-ZIP	100 (1) \$1.50 (1)	☐ Change	Addition

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 617, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

夕QUIOSEPH S. SPEICHER

561-637-1000

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90037 041 ****70.00