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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

LE HI SERVICES & INVESTMENTS, INC.

Mailing Address 921 SW 15TH AVENUE #1 921 SW 15TH AVENUE #1 FT. LAUDERDALE 33312 FT. LAUDERDALE 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0178943 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOODMAN, NATE JATE GOODMAN 1880 SW 55TH AVENUE Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 84 Zip Code 33312 AUDERDALE FORT and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered if Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ions of Section 607.0505, Florida Statutes. 11. Pursuant to the provisit Signature, typed or printed name at registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 11 TITLE Addition GOODMAN, NATE NAME 1.2 NAME 1880 S.W. 55TH AVENUE 1401 SW STREET STREET ADDRESS 1.3 STREET ADDRESS 10 **PLANTATION FL** CITY-ST-ZIP 33312 1.4 CITY - ST - ZIP ANDERDAKE, FO DELETE Change TITLE 2.1 TITLE Addition GOODMAN, RANDY NAME 2.2 NAME 1000 SW 16TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE TITLE 5 1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 of the

SIGNATURE:

FILED

Mar 12 1998 8:00am

Secretary of State