**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F45438**

1. Corporation Name

LESUE SCHWARTZ ASSOCIATES, INC.

							##### ##	#16 B1011 #1011 1801	
Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
C/O LESLIE SCHWARTZ C/O LESLIE SCHWARTZ									
4707 BANYON LANE			4707 BANYON LANE			DO NOT WRITE IN THIS SPACE			
TAMARAC FL 33319-3501		TAMARAC FL 33319-3301	TAMARAC FL 33319-3501			3. Date Incorporated or Qualifed			
:						09/21/1981		ļ.	
2 Principal Pi	ace of Business	2a. Mailing Address	<del></del>			4. FEI Number	T	Applied For	
21	acc or business	<u> </u>	26			59-2175370	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				S	\$8.7	5 Additional	
22	and the second second	27				5. Certificate of Status Desired	Fee	Required	
City & State	<del> </del>	City & State				6. Election Campaign Financing	\$5.0	<b>)0</b> May Be	
23		28	28			Trust Fund Contribution	Adde	ed to Fees	
Zip '	Country Zip		Country			8. This corporation owes the current year Intang	jible	_	
24	25	29	30		<u>'</u>	Personal Property Tax.	Yes	□No	
!	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Age	ent		
	MARKET LEAVE			81	Name				
	WARTZ, LESLIE		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	BANYAN LANE								
,IAM/	ARAC FL			83	ı				
1				84	City		85 Z	ip Code	
						FL oration submits this statement for the purpose of cha	ᆜ		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the n familiar with, and accept the	State of Florida. Such change was obligations of, Section 607.0505, Florida.	authorized orida Stati	i by i	the corporation	n's board of directors, i nereby accept the appointment	ent as	registered	
	Signature, typed or printed name of regist	······		Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AND I	DIBEC	TODE IN 12	
12.		RS AND DIRECTORS	13.	n c	<del></del>		Chang		
TITLE ,	DP	Cl occess	1.1 Tr					,	
NAME	SCHWARTZ, LESLIE		1.2 N					[	
STREET ADDRESS	4707 BANYAN LANE		1		ADDRESS				
CITY-ST-ZIP	TAMARAC FL	☐ DELETE	1.4 CI		·ZIP		Chan	ge Addition	
TITLE :			2.2 N/			_			
NAME .					ADDRESS			)	
STREET ADDRESS			2.4C			والمراجع المستحدث والمراجع المراجع الم	٠	-	
CITY-ST-ZIP	***************************************	DELETE	3.1 Π		1-21		Chan	ge Addition	
NAME .		•	3.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•		3.4. C						
TIRLE i		☐ DELETE	4.1 TI		-		_ Chan	ge	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	r-zip				
TITLE		☐ DELETE	5.1 TI	_			Chan	ge 🔲 Addition	
NAME '	ř		5.2 N	AME		•			
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP		·	5.4 CI	TY-S	r-zip	·			
TITLE		☐ DELETE	6.1 TI	TLE			] Chan	ge 🔲 Addition	
NAME .			6.2 N	AME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90066 020 \*\*\*150.00