

May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 04 1998 8:00am Secretary of State	
DOCUMENT # F74236 (3)							
1. Corporation Name LENRON, INC.							
Principal Place of Business C/O GEORGE P. LANGFORD 3357 TAMiami TRAIL N. NAPLES FL 33940			Mailing Address C/O GEORGE P. LANGFORD 3357 TAMiami TRAIL N. NAPLES FL 33940			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualified 03/30/1982	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			4. FEI Number 59-2180967	
22 City & State			27 City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country			28 Zip Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country			29 Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LANGFORD, GEORGE P 3357 TAMiami TRAIL NORTH NAPLES FL 33940						10. Name and Address of New Registered Agent	
						81 Name	
						82 Street Address (P.O. Box Number is Not Acceptable)	
						83	
						84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GELLENY, HELEN				1.2 NAME			
STREET ADDRESS SUITE #329 853 VANDERBILT BEACH ROAD				1.3 STREET ADDRESS			
CITY-ST-ZIP NAPLES FL				1.4 CITY-ST-ZIP			
TITLE S <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DUNLOP, DON				2.2 NAME			
STREET ADDRESS 111 BALLANTREE DRIVE				2.3 STREET ADDRESS			
CITY-ST-ZIP ASHEVILLE TN				2.4 CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> DELETE				3.1 TITLE VPTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME GELLENY, JAMES C				3.2 NAME			
STREET ADDRESS 853 VANDERBILT BEACH RD, 329				3.3 STREET ADDRESS			
CITY-ST-ZIP NAPLES FL				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.							