SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84856** **(6)**

1. Corporation Name
L.E.N. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
124-26 F QUEENS BLVD KEW GARDENS NY 11415 US	124-26 F QUEENS BLVD KEW GARDENS N 11415 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1982**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2202966** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNN, LOUIS E
19204 NE 25 AVE
STE 314
N MIAMI BEACH FL 33180

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	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LYNN, NATALIE		1.2 NAME	
STREET ADDRESS	19204 NE 25TH AVE, #314		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYNN, NATALIE		2.2 NAME	
STREET ADDRESS	19204 NE 25TH AVE, #314		2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LYNN, LOUIS EDWARD		3.2 NAME	
STREET ADDRESS	19204 NE 25TH AVE, #314		3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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CR2E034 (5/98)

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.

SIGNATURE: _____ LOUIS E. LYNN 7/17/98 305-944-1182

7/8/98

TO WHOM IT MAY CONCERN,

RE: ANNUAL REPORT
FROM: L.E.N. ENTERPRISES INC. 59-2202966

I AM WRITING TO YOU TO EXPLAIN WHY MY FIRST REPORT AND PAYMENT WERE NOT RECEIVED

MY ANNUAL REPORT WAS MAILED TO YOU ON MAY 18, 1998. ALSO, OTHER BILLS AND CORRESPONDENCE WERE MAILED ON THAT DATE.

IT HAS BECOME APPARENT TO ME THAT MUCH OF MY MAIL FROM 5/18/98-6/25/98 WAS LOST OR MISPLACED BY A TEMPORARY POSTAL EMPLOYEE.

IF MY RECORDS WERE CHECKED, YOU WILL FIND THAT THIS IS THE FIRST TIME A DEADLINE WAS MISSED.

I AM ASKING THAT AN EXCEPTION TO THE RULE BE APPLIED IN MY SITUATION - LATE PENALTY FEES BE WAIVED.

THANK YOU FOR YOUR UNDERSTANDING + CONSIDERATION.

RESPECTFULLY,

Louis E. Lynn
VICE PRESIDENT