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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

F9200000435 (9)

LEICA INC.

Principal I	Place of I	Business		

Mailing Address



P.O. BOX 1.					
BUFFALO N		P.O. BOX 123 BUFFALO NY 14240			
		·		3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 02/16/1995
. Pancipal Pl }	lace of Business	2a. Mailing Address 26		4. FEI Number 22-2701363	Applied For Not Applical
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi	Country 25	<i>Z</i> ip 29	Country 30	This corporation has liability for in Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
	DRPORATION SYSTEM		82 Street Add	fress (P.O. Box Number is Not Acceptable	
	OUTH PINE ISLAND ROAD ATION FL 33324		83	areas (1.0. Dox no ribor to riot Accoptable	
(LANI)	ATION 1 L 33324		83		
			84 City		FL 85 Zip Code
. Pursuant t	to the provisions of Sections 607.050	02 and 607 1508 Florida Statut	tes the shows named cores	oration submits this statement for the purp	
 Or register 	rea agent, or both, in the State of Ho	rida. Such chance was authori:	zed by the corooration's box	ard of directors. I hereby accept the appoi	ose of chariging its registered o ntment as registered agent. I ar
raniii ar wa	th, and accept the obligations of, Sec	ction 607.0505, Florida Statute:	S.		
BNATURE					
	Styliature, typical or partied nearly of registered ago		OTE Registered Agent signature requir		DATE
	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
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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 changes for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 1-716-686-3161