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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003455 (3)

LEATHER CARE, INC.

Principal Place of Business

Mailing Address

FILED Aug 25 1997 8:00am Secretary of State



1391 FLINTRID		1391 FLINTRIDGE RD FLORENCE KY 41042-1107					
				3.	Date Incorporated or Qualified 07/26/1993	3a. Date of Last 05/21/1996	Report
	Place of Business	2a. Mailing Address			. FEI Number		pplied For
21 DC Suite, Apt.	KENTLAND CT		TLAND C	<u> </u>	61-1225563		lot Applicable
22		Suite, Apt. #, etc. 27 HERRON	7	5.	Certificate of Status Desired		Additional tequired
City & Stat	seon ky	City & State		<u> </u>	Election Campaign Financing Trust Fund Contribution		May Be I to Fees
24 4 10L		ZIP 41048 3	BOONS			Yes X No	s. 199.032,
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 15 Name 81 Name							
LEWIS, ENRIQUE 838 SHORELINE DR				V.15	rginia Edwards P.O. Box Number is Not Acceptab 20	460 <u>North</u> #304	side Dr
4			84 Citv_		Clearwater	FL 85 Zin	Code 3 3 7 6
11. Pulsuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	VIRGINIA 3 Signature, typed or printed name of registered agent	EdWARds	Ungenu Acgistered Agent ignature	w 4/ (alword July 1	6,1997	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TITLE			Change	Addition
NAME	EDWARDS, JUDITH J		1.2 NAME		OI KENTLAND BRON, KY L		
STREET ADDRESS	1391 FLINTRIDGE RD		1.3 STREET ADDRESS	120	of Kenichno		Į;
CITY-ST-ZIP	FLORENCE KY 41042		1.4 CITY-ST-ZIP	HE	BRON KY	11048	
TITLE		☐ DELETE	2.1 TITLE)	Change	Addition 1
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	7		2. 4 CITY - S1 - ZIP				
TITLE		☐ DELETE	31 TITLE		1	Change	L Addition
NAME .			3.2 NAME		/		
STREET ADDRESS			3.3 STREET ADDRESS		·		a . "
CITY-ST-ZIP TITCE		DELETE	3.4. CITY-ST-ZIP	ļ		[] o	
		L.J DELETE	41 TITLE			☐ Change	Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	-		Obassa	T Addition
NAME		L' OFFETE			The same same same same same same	Change	Addition
			5.2 NAME		20000227 -08/26/970107	7012 5-1012	
STREET ADDRESS			5.3 STREET ADDRESS		***\$50.00	2011	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP	ļ	****330.UU	D Obarra	A platter
Ì		LJ OLLEIL	6.1 TITLE			Change	Addition
NAME PERCET ADDRESS			6.2 NAME			46	
STREET ADDRESS			6.3 STREET ADDRESS]		8.29	
CITY-ST-ZIP	ou portify that the information appoind	the rest for a second second	64 CITY-ST-ZIP	1	210.07(0)(1)		

I do 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.