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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005110 (1)

1. Corporation Name  
LERESCO, INC.



Principal Place of Business  
P.O. BOX 6277  
DELRAY BEACH FL 33484

Mailing Address  
P.O. BOX 6277  
DELRAY BEACH FL 33482-6277

3. Date Incorporated or Qualified 10/03/1994  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business  
21 15251 NE 18th Avenue  
Suite, Apt. #, etc.  
22 Suite 1  
City & State  
23 North Miami Bch. Fla.  
Zip Country  
24 33162 25  
2a. Mailing Address  
26 15251 NE 18th Avenue  
Suite, Apt. #, etc.  
27 Suite 1  
City & State  
28 North Miami bch. Fla.  
Zip Country  
29 33162 30

4. FEI Number 65-0511019  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANSKY, HARRIS L  
1 ABBEY LN.  
DELRAY BEACH FL 33484

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE P ☐ DELETE  
NAME LANSKY, HARRIS L  
STREET ADDRESS 1 ABBEY LN.  
CITY-ST-ZIP DELRAY BEACH FL 33484  
TITLE D ☐ DELETE  
NAME SCOTT, DAVID  
STREET ADDRESS 321 AUBURNDAL AVE  
CITY-ST-ZIP NEWTON MA  
TITLE T ☐ DELETE  
NAME MANCHEE, PHILIP  
STREET ADDRESS RR4  
CITY-ST-ZIP PT. PERRY, ONTARIO CANADA  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/28/97 Daytime Phone # 305-940-9101

CR2E034 (9/96)