FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005390 (9)**

1. Corporation Name

LEI FLORIDA, INC.

Principal Place of Business	Mailing Address
9190 ACTIVITY ROAD SAN DIEGO CA 92126	9190 ACTIVITY ROAD SAN DIEGO CA 92126

2. Principal Place of Business 21 9220 Activity Rd.	2a. Mailing Address 26 9220 Activity Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 04/18/1995
4. FEI Number 33-0423037	☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	C/P/CEO	☐ Change ☒ Addition
NAME	BURR, ROBERT L		1.2 NAME	FREDERICK SANDVICK	
STREET ADDRESS	9190 ACTIVITY ROAD		1.3 STREET ADDRESS	9220 Activity Rd	
CITY-ST-ZIP	SAN DIEGO CA		1.4 CITY-ST-ZIP	San Diego CA 92126	
TITLE	PCEO	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GELLER, MARSHALL S.		2.2 NAME		
STREET ADDRESS	9190 ACTIVITY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP		
TITLE	CFOS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEBELY, MICHAEL D.		3.2 NAME		
STREET ADDRESS	9190 ACTIVITY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERMANN, HERBERT L.		4.2 NAME		
STREET ADDRESS	9190 ACTIVITY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP		
TITLE	~~Sec/Treas~~	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINCHESTER-BURR, CATHERINE		5.2 NAME		
STREET ADDRESS	~~9190~~ ACTIVITY ROAD 9220		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92126		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WINCHESTER, JOHN L. (JAY)		6.2 NAME		
STREET ADDRESS	~~9190~~ ACTIVITY ROAD 9220		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92126		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ken Hirt CFO 5/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #