

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS																																																									
DOCUMENT # F94000005390 (9) 1. Corporation Name LEI FLORIDA, INC.																																																													
Principal Place of Business 8220 ACTIVITY ROAD SAN DIEGO CA 92126 US			Mailing Address 8220 ACTIVITY ROAD SAN DIEGO CA 92126-4425 US																																																										
2. Principal Place of Business 21 8444 MIRALANI DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 8444 MIRALANI DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1994																																																									
22 City & State 23 SAN DIEGO CA		27 City & State 28 SAN DIEGO CA		3a. Date of Last Report 05/29/1996																																																									
24 Zip 92126		25 Country U.S.A.		4. FEI Number 33-0423037																																																									
29 Zip 92126		30 Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																									
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No																																																									
SIGNATURE _____ Signature: Type or printed name of registered agent and title if applicable. (NOTE: If Agent signature required when reinstating)				10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code																																																									
12. OFFICERS AND DIRECTORS																																																													
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14. I do hereby certify that the information supplied with this filing does not 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 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 empecute 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																																																													
SIGNATURE: <i>M. Burr</i> SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER																																																													



CR2E034 (9/96)

4-29-97 (619) 621-5050
Date Daytime Phone #