

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003160 (7)**

1. Corporation Name
LENER RENOVATIONS, INC.



Principal Place of Business: **2182 FAIRMOUNT AVE. ST. PAUL MN 55105**
Mailing Address: **2182 FAIRMOUNT AVE. ST. PAUL MN 55105**

3. Date Incorporated or Qualified: **06/29/1995** 3a. Date of Last Report
4. FEI Number: **41-1710853** 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

2. Principal Place of Business
21 542 Snelling Ave. S.
22 Suite, Apt. #, etc.: **Suite 102**
23 City & State: **St. Paul, MN**
24 Zip: **55116** 25 Country: **USA**
2a. Mailing Address
26 542 Snelling Ave. S.
27 Suite, Apt. #, etc.: **Suite 102**
28 City & State: **St. Paul, MN**
29 Zip: **55116** 30 Country: **USA**

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
85 Zip Code: **FL**

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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	EATON, WENDY L	
STREET ADDRESS	2182 FAIRMOUNT AVE.	
CITY - ST - ZIP	ST. PAUL MN 55105	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LENER, LEON	
STREET ADDRESS	2182 FAIRMOUNT AVE.	
CITY - ST - ZIP	ST. PAUL MN 55105	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHAEL, EATON	
STREET ADDRESS	2182 FAIRMOUNT AVE.	
CITY - ST - ZIP	ST. PAUL MN 55105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	542 Snelling Ave. S. Suite 102
14 CITY - ST - ZIP	St. Paul, MN 55116
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	542 Snelling Ave. S., Suite 102
24 CITY - ST - ZIP	St. Paul, MN 55116
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MICHAEL EATON
33 STREET ADDRESS	542 Snelling Ave. S. Suite 102
34 CITY - ST - ZIP	St. Paul, MN 55116
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 199.07(3)(k), 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 in this report, or on an agreement with an address.

SIGNATURE: *Michael H. Eaton* *Michael H. Eaton* **4/15/96** **(612) 698-4502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)