


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0123314

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000000857</b>					
1. Corporation Name <b>LEAH, LTD. INC.</b>					

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 19 PM 1:10



Principal Place of Business <b>2431 E. COOKED LAKE BLVD. EUSTIS FL 32726</b>	Mailing Address <b>2431 E. COOKED LAKE BLVD. EUSTIS FL 32726</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>42-1289135</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GRAVENMIER, DERRIN L 2431 E CROOKED CAKE CLUB BLVD EUSTIS FL 32726</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Debra Gravenmier</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2431 E Crooked Lake Club Blvd</b>	
				83 <b>Eustis</b>	
				84 City <b>FL</b> 85 Zip Code <b>32726</b>	

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 Debra Gravenmier Pres. Debra Gravenmier 7-3-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>CPD GRAVENMIER, DERRIN L</b>	<b>2431 E CROOKED CAKE CLUB BLVD</b>	<b>EUSTIS FL 32726</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>VCST GRAVENMIER, DEBRA C</b>	<b>2431 E CROOKED CAKE CLUB BLVD</b>	<b>EUSTIS FL 32726</b>	<input type="checkbox"/> DELETE	<b>CPDVCST</b>	<b>2431 E Crooked Lake Club Blvd</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE		<b>700002969017--2</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE		<b>-08/24/99--01082--015</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE		<b>****158.75 ****158.75</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE			

14. I 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 Debra Gravenmier Debra Gravenmier 7/3/99 352  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 735-6040

CR2E034 (5/99)

16 August 1999

Division of Corporations  
Annual Reports Filings  
Attn: Sean Toner  
P.O. Box 6327  
Tallahassee, FL 32314

RE: LEAH LTD, INC. ANNUAL REPORT

Sean:

I am responding to the 1999 Corporation Annual Report, which I understand is the "second notice". There is a charge of \$550, \$400 which is a late penalty. The first notice was never received. In addition, my husband Derrin passed away the end of 1998 – he being responsible for such matters – it has taken me some time to acclimate myself to the business at hand.

I would appreciate your assistance in this matter.

Enclosed is a check for \$158.75 which covers the annual report, corporation supplemental fee and certificate of status. I called the 800 number and this is what I was instructed to do. If this is incorrect, please contact me at the address on the form.

Sincerely,



Debra C. Gravenmier  
President  
LEAH LTD