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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

LEONH	iardt enterprises, inc						 				
Principal Plac	e of Business	Mailing	y Address				-	IDDI DIKKI IBURU DIKA		 	
919 VALENCIA 32804 32804-7		919 VALENCIA AVENUE 32804 32804-7029					DO NOT WRIT	F IN THIS	: SDACE		
							3. Date incorpora			O OF AGE	v
							12/29/1982				
2. Principal P	Place of Business	2a. Ma	iling Address				4, FEI Number	<u> </u>		TĀ	pplied For
21		26					NOT APE	PLICABLE		h	ot Applicable
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.							\$8.75	Additional
22		27					5. Certificate of S	Status Desired	L.J		equired
City & Stat	e	City	City & State				6. Flection Camp	paign Financing		\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Co			Added	to Fees
Zip	Country	Zip	¬ '				8. This corporation				
24	25 9. Name and Address of Curre	29	29 3				Personal Property Tax due June 30. Yes You 10. Name and Address of New Registered Agent				
15/		aur Leftigreige	ı Agent	61	Nam		10, Name and Ad	Idress of New H	tegistered	Agent	
	ONHARDT, FREDERICK W.			["		-					
) valencia avenue Lando fl 32804				Stree	ot Addres	ss (P.O. Box Numbe	er is Not Accepta	able)		
UH	LANDO FL 32804			83	<u> </u>		POV. AND				
				84	City					Tee 7 7:-	0-4-
					}				FL	_ `	Code
11. Pursuant office or r agent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statin familiar with, and accept the obli	02 and 607.19 te of Florida. S gations of, Sec	008, Florida Statut uch change was ction 607.0505, Fl	les, the above authorized by orida Statules	e-name the cos.	ed corpo orporatio	ration submits this s n's board of directo	statement for the ers. I hereby acce	purpose o ept the ap	of changing i pointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered as	and a later of the later of									
12.		ND DIRECTOR		t Fingistured Ago	int signat	ure required	when reinstating) ADDITIONS/CH.	ANOTO TO OFFI	DATE	D DIDEOTOI	20 11 40
TOTLE	PD	W DINE OTO	DELFTE	1.1 TITLE			ADDITIONS/CIT.	ANGES TO OFFI	ICERS AIN	Change	Addition
NAME	LEONHARDT, FREDERICK W	1		1.2 NAME						onlings	
STREET ADDRESS	919 VALENCIA AVENUE			1.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL			1.4 CITY - S		´					
TITLE			DEFELE	2.1 TITLE	1 2.17	 				Change	Addition
NAME				2.2 NAME		•					
STREET ADDRESS				2.3 STREET	ADDRESS	.					
CITY-ST-7IP				2 4 CHY-5		´					
TITLE			DELETE	3 1 1HLF	,					Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS	:					
City-ST-ZIP				3.4. CITY - S							
TITLE			DELFTE	4.1 JITLE	,, ,,,,					☐ Change	Addition
NAME				4. 2 NAME						<u></u>	
STREET ADDRESS				4.3 STREET	ADORESS	: [
CITY - ST - ZIP				4.4 CITY - S							
TITLE			DELETE	5.1 TITLE		1				Change	Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS	.					
CITY-ST-ZIP				5.4 CITY-SI							
TITLE		·····	DELETE	6.1 7/TLF						Change	Addition
NAME				6 2 NAME							
STREET ADDRESS				6 3 S1REET	ADDRESS						

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 eath; 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 or an attachment with an objects.

6.4 CITY - ST - ZIP