FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 4:27

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **G54818** **(1)**

1. Corporation Name

LECESSE CORPORATION OF LAKE MARY

Principal Place of Business	Mailing Address
1412 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804	1412 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2330589 ☐ 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 U.S. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 County ___
2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 County ___

9. Name and Address of Current Registered Agent

LECCESE, SALVADOR F.
1412 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

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 607.1508, 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 ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: LECCESE, SALVADOR F. STREET ADDRESS: 1412 W. COLONIAL DRIVE CITY-ST-ZIP: ORLANDO FL 32804	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 the 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: [signature] 4/25/95 407-422-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SALVADOR F. LECCESE

0064008 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G55606 (9)

1. Corporation Name
D. M. STARR ASSOCIATES, INC

Principal Place of Business
14250 SW 96TH TERR
MIAMI FL 33186

Mailing Address
14250 SW 96TH TERR
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2309123 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
STARR, DAVID M.
14250 S.W. 96TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: STARR JOAN L.
82 Street Address (P.O. Box Number is Not Acceptable): 14250 S.W. 96 TH TERR
83
84 City: MIAMI, FL 85 Zip Code: 33186

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: Joan L. Starr JOAN L. STARR 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STARR, DAVID M P.E.
STREET ADDRESS	14250 S.W. 96TH TERRACE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	ST
NAME	STARR, JOAN L
STREET ADDRESS	14250 S.W. 96TH TERRACE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.	☒ Change ☐ Addition
12 NAME	STARR JOAN L	
13 STREET ADDRESS	14250 S.W. 96 TERR.	
14 CITY-ST-ZIP	MIAMI, FL. 33186	
21 TITLE	ST	☐ Change ☒ Addition
22 NAME	STARR, DEBRA A	
23 STREET ADDRESS	14250 S.W. 96 D TERR	
24 CITY-ST-ZIP	MIAMI, FL. 33186	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Joan L. Starr JOAN L. STARR. 4/26/95 (305) 387-4734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0204163 CP