

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54818** (1)
1. Corporation Name
LECESSE CORPORATION OF LAKE MARY



Principal Place of Business 1412 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804	Mailing Address 1412 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2221 Lee Road Suite, Apt. #, etc. 22 Stk 28 City & State 23 Winkler Park, FL Zip 24 32789 Country 25 USA	2a. Mailing Address 26 2221 Lee Road Suite, Apt. #, etc. 27 Stk 28 City & State 28 Winkler Park, FL Zip 29 32789 Country 30 USA
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3. Date Incorporated or Qualified 08/19/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2330589	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LECESE, SALVADOR F.
1412 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804**

10. Name and Address of New Registered Agent 81 Name Salvador Leccese 82 Street Address (P.O. Box Numbers Not Acceptable) 2221 Lee Road 83 Stk 28 84 City Winkler Park FL 85 Zip 32789
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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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE PD	
NAME LECESE, SALVADOR F.	
STREET ADDRESS 1412 W. COLONIAL DRIVE	
CITY-ST-ZIP ORLANDO FL 32804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE PD	
1.2 NAME Salvador Leccese	
1.3 STREET ADDRESS 2221 Lee Road Stk 28	
1.4 CITY-ST-ZIP Winkler Park, FL 32789	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Salvador Leccese** 1/13/98 407. 477.3080

CR2E034 (10/97)