

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H05791

(9)

1. Corporation Name

LEISEGANG, INC.

Principal Place of Business

% HAROLD KWART
18305 BISCAYNE BLVD #214
NORTH MIAMI BEACH FL 33160

Mailing Address

% HAROLD KWART
18305 BISCAYNE BLVD #214
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

05/30/1984

04/29/1994

4. FEI Number

59-2412042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RUFFNER, CHARLES L
3001 SW 3RD AVE., STE 100
MIAMI FL 33129

10. Name and Address of New Registered Agent

81

Name

Charles Ruffner

82

Street Address (P.O. Box Number is Not Acceptable)

Courvoisier Centre II Suite 507

83

601 Brickell Key Drive

84

City

Miami

FL

85

Zip Code

33131

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
LEISEGANG, GEORGE HUGO F
18305 BISCAYNE BLVD #214
NORTH MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
LEISEGANG, WILHELM H.
18305 BISCAYNE BLVD #214
NORTH MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
KWART, HAROLD
18305 BISCAYNE BLVD #214
NORTH MIAMI BEACH FL

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

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 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(2)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE