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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H21936

(0)

Mailing Address

THE DEAN LEDBETTER COMPANY, INC.

FILED Apr 28 1997 8:00am Secretary of State

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FORT LAUDERDALE FL 33316 US 2. Frincipal Place of Business 21 43 10 N E 17 Ave 26 P.O. Box 2500 Suite, Apt. #, etc. 22 27 City & State 23 Oakland Prk 72 28 Fort Lauder dall ft 24 33334 25 US 14 29 333203 30 US 4 9. Name and Address of Current Registered Agent CRANMER, R. BRUCE 1401 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 83 64 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent or both, in the State of Florida Such change was authorized by the corpora agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	10. Name and Address of New Rec	Yes No				
21 43 IO NE 17 Ave 26 P.O. Boyo 2500 Suite, Apt. #, etc. 22 27 City & State City & State 23 Oakland Prk. R. 28 Fort Lander dall for Country 24 33334 25 US IA 29 333203 30 USA 9, Name and Address of Current Registered Agent CRANMER, R. BRUCE 1401 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 81 Name 64 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent or both, in the State of Florida Such change was authorized by the corpora agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	59-25 17373 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Res	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ntangible tax under s. 199.032, Yes No				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 24 333334 25 Name and Address of Current Registered Agent CRANMER, R. BRUCE 1401 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 81 Name 64 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named condition of corregistered agent or both, in the State of Florida. Such change was authorized by the corporal agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Rec	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees intangible tax under s. 199.032, Yes \(\) No				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		FL 85 Zip Code				
	poration submits this statement for the pr	urpose of changing its registered				
	mons board of directors. Thereby accep	t the appointment as registered				
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature requ		DATE				
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFIC					
TITLE PVD DELETE 1.1 TITLE		Change Addition				
NAME LEOBETTER, DEAN 1.2 NAME						
STREET ADDRESS P. O. BOX 030250 N/A						
CITY-S1-7P FT. LAUDEROLE FL 14-CITY-ST-ZIP						
TITLE 21 TITLE		Change Addition				
NAME 22 NAME	•					
STREET ADDRESS 23 STREET ADDRESS						
CITY-ST-ZIP 2.4 CITY-ST-ZIP		Channe Addition				
THE COLLETE 3.1 TITLE		L Change Addition				
NAME 32 NAME		(2) ~ A"				
STREET ADDRESS 3.3 STREET ADDRESS		CYC/CYC				
CITY-S1-7IP 34-CITY-S1-7IP		Character				
THE DELETE 4.1 TITLE		Change L_Modition				
HARFE 4.2 NAME						
STREET ADDRESS 43 STREET ADDRESS						
CITY S1-ZIP 44 CITY-ST-ZIP		Change Addition				
TITLE L. DELETE 5.1 TITLE		•				
NAME 5.2 NAME	30000215	9723				
STRELT ADDRESS 53 STREET ADDRESS	30000215 -04/30/970101	5004				
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	***165.00	Change Addition				
		L'i piende L'i voqueti				
NAME 62 NAME						
STREET ADDRESS 6.3 STREET ADDRESS						
City: St. Zif: 64 City: S1-Zif: 64 City: S1-Zif: 64 City: S1-Zif: 14. I do hcreby certify that the information supplied with this filing does not qualify for the exemption state						
information indicated on this annual report or supplemental annual report is true and accurate and that	d in Section 119 07/3Vi) Florida Statutor	: I further certify that the				
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.	it my signature shall have the same legal	l effect as if made under oath; that				