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FILED
May 12 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 # **H38995**

(7)

1. Corporation Name

RON LENZ & ASSOC., INC.

Principal Place of Business

**1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**

Mailing Address

**1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1985

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LENZ, RONALD L.
1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

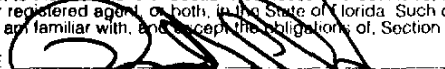
FL

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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **LENZ, RONALD L.**
STREET ADDRESS **1198 S.E. MENORES AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952-5359**

TITLE **DV** ☒ DELETE

NAME **OSAMA, EISSA M**
STREET ADDRESS **29 DIGLA STREET**
CITY-ST-ZIP **MOHANESEEN, CAIRO, EGYPT**

TITLE **[REDACTED]** ☐ DELETE

NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DS**
1.3 STREET ADDRESS **LENZ, CHRISTINE**
1.4 CITY-ST-ZIP **1198 S.E. MENORES AVE**
PORT ST LUCIE, FL 34952

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS ☐ Change ☐ Addition
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: 

4-8-98

CR2034 (10/97)