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

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H64405 (4)LECESSE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1412 W COLONIAL DR 1412 W COLONIAL DR STE 200 ORLANDO FL 32804 **STE 200** DO NOT WRITE IN THIS SPACE ORLANDO FL 32804 3. Date Incorporated or Qualified 07/01/1985 2. Principal Place of Business Mailing Address Applied For 59-2569 163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name, LECCESE, SALVADOR F. 1412 WEST COLONIAL DRIVE 82 ORLANDO FL 32804 В3 84 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, make 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 objection 607.0505, Florida Statutos. (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 DELETE TITLE 1.1 THUE LECCESE, SALVADOR F. NAME 1.2 NAME 1412 W COLONIAL DR STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** 1.4 CITY - ST - ZIP CITY-\$1-ZIP DELETE Addition TITLE 2.1 THEF NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 DITY-ST-ZIP DELETE Change Addition TITLE 31 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-\$1-ZIP Change DELETE Addition TITLE 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

Salvador Leccese

14. Thereby 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 in 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 illustration with an address.

FILED