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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89603

(5)

LESTER LEONARD, INC.

Principal Place of Business

Mailing Address

FILED Mar 19 1997 8:00am Secretary of State



2727 S OCEAN BLVD #1407 HIGHLAND BCH FL 33487				2727 S OCEAN BLVD #1407 HIGHLAND BCH FL 33487-1844									
										3. Date Incorporated or Qualifie 12/12/1985		atc of Las /02/199 (
2. Principal Place of Business				2a. Mailing Address						4, FEI Number		- +	Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.						58-2613966			Not Applicable
22				27						5. Certificate of Status Desired			5 Additional Required
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24		Country		Zip Country 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
IENI			Registered Agent					10. Name and Address of New Registered Agent					
	L, LEGNAR		. 61 Name				Nar	ne					
	7 S OCEAN HLAND BCI					82	Stre	Street Address (P.O. Box Number is Not Acceptable)					
							83						
							84	City			FL	85 Z	ip Code
office or r	egistered ag	ent, or both, in the	State of FI	lorida. Such d	hange was .	authorize	ed by	the c	ed corp	oration submits this statement for thi ion's board of directors. I hereby ac	e nurnose o	f changing cointment	g its registered as registered
	m f a miliar wi	th, and accept the	: obligation:	s of, Section	607.0505, Ft	orida Sta	itutes	5.					
SIGNATURE	Signature, typed	or printed hame of regist	est diagent and	title if applicable	(NOI	t Register	d Age	ed signa	ture requir	ed when reinstating)	(JATt		
12.		Of LICE I	RS AND DIF			13.	····			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP DP	ONADO		L	」DELF1E	1.1 1						Chang	e L_ Addition
NAME PROTEST ADDRESS	BELL, LE	unahu Kean BLVD #1	407			1.2 1		AMENDE					
STREET ADDRESS CITY-ST-ZIP		D BCH FL	1407				HTY-S	ADDRE:	2				
TITLE	11101110				DELETE	211						Chang	e Addition
NAME						221	IAME						
STREET ADDRESS						2.3 5	arlet	ADDRE	SS .				
CITY-ST-ZIP					.	2.4	C <u>11Y- S</u>	ST - 7 ₄ P					
TITLE				L	DELFTE	311						Chang	e [] Addition
NAME						321			-				:
STREET ADDRESS								ADDRE	SS				
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. 4.1.1		ST - 71F				Chang	e Addition
NAME				L.,	ar Direction		NAME		1			Oneng	- Madilion
STREET ADDRESS						+		ADDRE	ss				
CITY-ST-ZIP							ITY-S		^`				i
TITLE					DELETE	5.1 1						Chang	e Addition
NAME						5.21	IAME		-				
STREET ADDRESS						535	aret	ADDRE	ss				
CITY-ST-ZIP		· · · · · · · · · · · · · ·			-	540	ITY-S	T - 71P					
TITLE					DELETE	6.11	ITLE					Chang	c Addition
NAME						621							
STREET ADDRESS								ADDRE	SS				
CITY-ST-ZIP						640	IIY-S	I - ZIP	<u> </u>				

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in section 1.19.07(3)(i), Florida statutes. Florida statutes information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that lam an officer or director of the corporation or the receiver or trusted 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.