

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

FILED

May 18 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 # K67411 (4)  
1. Corporation Name  
LECESSE OAK FOREST CORP.



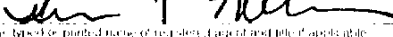
Principal Place of Business 1412 WEST COLONIAL DRIVE SUITE 200 ORLANDO FL 32804	Mailing Address 1412 WEST COLONIAL DRIVE SUITE 200 ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2221 Lee Road Suite, Apt. #, etc. Sk 28 City & State Winder Park, FL Zip 32789 Country USA		2a. Mailing Address 26 2221 Lee Road Suite, Apt. #, etc. Sk 28 City & State Winder Park, FL Zip 32789 Country USA		3. Date Incorporated or Qualified 02/22/1989
				4. FEI Number 59-3000270
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LECESSE, SALVADOR F. 1412 W. COLONIAL DR ORLANDO FL 32804		10. Name and Address of New Registered Agent 81 Name Salvador Leccese 82 Street Address (P.O. Box Number is Not Acceptable) 2221 Lee Road 83 Sk 28 84 City Winder Park FL 85 Zip Code 32789	
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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  DATE 4-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETE <input type="checkbox"/>	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME LECESE SALVADOR F.		1.2 NAME Salvador Leccese	
STREET ADDRESS 1412 W. COLONIAL DRIVE		1.3 STREET ADDRESS 2221 Lee Road Sk 28	
CITY-ST-ZIP ORLANDO FL 32804		1.4 CITY-ST-ZIP Winder Park, FL 32789	
TITLE	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  11/13/98 407-422-3080  
Salvador Leccese President

CR2E034 (10/97)