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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED Mar 26 1998 8:00am Secretary of State

JEAN LEAH, INC.									1 (00)(0)(0)(00)(0)(00) (00)((00)(100)(0)(0)(0)	HAIN ARAN ARAH	1160 A18 (16)	
Principal Plac	ce of Busines	ss	Mailing	Mailing Address						ION OIDN CION	81811 8 1811 1881	
6271 NW 5 PARKLAND			PAR	6271 NW 58TH WAY PARKLAND FL 33067-4463					DO NOT HEITE IN THE	22105		
US									DO NOT WRITE IN THIS	SPACE	 -1	
									3. Date Incorporated or Qualified			
2. Principal F	Place of Busi	2a Mai	2a, Mailing Address					07/14/1989 4. FEI Number		pplied For		
21	1000 07 2001		\vdash	26					65-0131046		lot Applicable	
Suite, Apt.	. #. etc.			Suite, Apt. #, etc.							Additional	
22			27	27					5. Certificate of Status Desired		tequired	
City & Stat	te		City	City & State					6. Election Campaign Financing	\$5.00) May Be	
23			28						Trust Fund Contribution		to Fees	
Zip		Country	Zip	Zip Cou			Country		8. This corporation owes or has paid the cu			
24	25 2										_] No	
		and Address of Curi	ent Registered	l Agent		B1	Mana		10. Name and Address of New Registered	Agent		
	BOYD, CAR					6	Name					
6271 NW 58TH WAY PARKLAND FL 33067							Street	Addres	ress (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 of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered											its registered s registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Slonature type	for printed hanc of registered	apent and litle if apoli	cable (NO)	ff: Aegistere	d Ane	nt sionalure	required	when reinstating) DATE			
12.	organisto, types	 	ND DIRECTOR	· - · - · · · · · · · · · · · · · · · ·	13.		Digitatore	, required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	DPS			DELETE	1.1 T	ITLE				Change	Addition	
NAME	BOYD	, CARGILL P.		1.2		1.2 NAME						
STREET ADDRESS				1			1.3 STREET ADDRESS					
CITY-ST-ZIP	PARK	LAND FL 33067			1.4 C	ITY-S	T- ZIP					
TITLE	T			☐ DELET e	2,1 1	TLE				☐ Change	Addition (
NAME	1	, CARGILL P.			2.2 N	AME						
STREET ADDRESS	1	NW 58TH WAY			2.3 S	TREET	ADDRESS				•	
CITY-ST-ZIP	PARK	LAND FL 33067			~~~		ST-ZIP		• • • • • • • • • • • • • • • • • • • •			
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HAME					3.2 N							
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NAME					6.2 N					\$11001gG		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						6.4 CITY-ST-ZIP						
J.1.1 D. Ell	. 				V.5 (I		· \$1.71					

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.