FiLi	E NOW: FILING FEE A		 r T'l					
COF	PROFIT RPORATION UAL REPORT	FLORIDA DEPAR Sandra B.	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED Jan 29 1998 8:00am			
	1998	DIVISION OF C	ORPORATI	ONS	Secreta	rv (of St.	ate
1. Corporation	MENT # L30164 C, INC.	(2)						
Principal Place of Business Mailing Address # HARRY F. LEESER ### HARRY F. LEESER #################################					DO NOT WRIT	E IN THIS		
					3. Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address			11/14/1989 4. FEI Number		Ι [Δ]	oplied For
21		26		65-0200932			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional equired
City & Stat		City & State 28 Zip Country		Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zìp 24	Country Zip 25 29 30			,	This corporation owes or has p Personal Property Tax due Jun			angible No
24	9. Name and Address of Current		30		10. Name and Address of New R			MINO
LEI	ESER, HARRY F.		81	Name				
3373 PLAZA PLACE				Street Add	ress (P.O. Box Number is Not Accepta	able)		····
LAI	NTANA FL 33462		83					
			84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obliga-	and 607.1508, Florida Statutes of Florida. Such change was au- tions of, Section 607.0505, Flor	s, the above thorized by ida Statute	e-named corpora the corpora	poration submits this statement for the tlon's board of directors. I hereby acceptable			s registered registered
SIGNATURE		Alore						
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICEBS AN	D DIRECTOR	S IN 12
TITLE	DP	DELETE	1.1 TITLE		7.15571.01050.11.11.0120.10.01.1	02.107.11	Change	Addition
NAME	LEESER, HARRY F., JR.		1.2 NAME					
STREET ADDRESS	3373 PLAZA PLACE		1.3 STREET					
CITY-ST-ZIP TITLE	Lantana Fl D	☐ DELETE	1.4 CITY-S 2.1 TITLE	T- ZIP			☐ Change	Addition
NAME	MILLER, ROBERT W.						☐ Change	
STREET ADDRESS	1		2.2 NAME 2.3 STREET ADDRESS					
CtTY - ST - ZIP	W. PALM BEACH FL		2. 4 CITY-5	ST-ZIP				_
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME	ľ			Change	☐ Addition
NAME etreet address				1000000				
STREET ADDRESS CITY-ST-ZIP			3.3 STREET	į				
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			·	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP				Change	A statistics—
NAME		FT DEFESE	5.1 TITLE 5.2 NAME				Change	Addition
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY-S					

STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, by on an attachment with an agrees.

☐ DELETE

TITLE

NAME

STREET ADDRESS

5,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

___ Addition