FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33043** **(5)**

1. Corporation Name
LESLIE DAWN, INC.

Principal Place of Business
109 OVERLEA WAY
46 N. WASHINGTON BLVD., #1
VENICE FL 34292
US

Mailing Address
%JOHN PATTERSON
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236
US

3. Date Incorporated or Qualified: **11/22/1989**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business
21 **109 OVERLEA WAY**
22 Suite, Apt. #, etc.
23 City & State: **VENICE FL**
24 Zip: **34292**
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **65-0158559** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (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 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 _____ (Signature, typed or printed name of registered agent, if not officer or director, if applicable) (NOTE: Registered Agent Signature required for this filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGIFFEN, JOHN W		1.2 NAME		
STREET ADDRESS	7790 CLUB LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	2.1 TITLE	AS,T	☑ Change ☐ Addition
NAME	MCGIFFEN, CAMEN M		2.2 NAME		
STREET ADDRESS	7790 CLUB LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUPER, ALBERT R		3.2 NAME		
STREET ADDRESS	2140 LEMON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDSEL, EDWARD E		4.2 NAME		
STREET ADDRESS	8987 HUNTINGTON POINT DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/30/96 **(941) 497-4786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN W. McGIFFEN, President
EDWARD E. EDSEL, VICE PRESIDENT

CR2E034 (12/95)