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**Secretary of State**

03-01-1999 90083 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L33809**

1. Corporation Name  
**LEUCHTTURM, INC.**



Principal Place of Business: 1001 NORTH US HWY 1 SUITE 800 JUPITER FL 33477  
 Mailing Address: 1001 NORTH US HWY 1 SUITE 800 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: 11/29/1989  
 4. FEI Number: 65-0169606 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 owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent  
**WILSON, HUNTER S.**  
**1001 NORTH US HWY 1**  
**SUITE 800**  
**JUPITER FL 33477**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE [ ] DELETE  
 NAME: **P PERRY, HENRY A.**  
 STREET ADDRESS: **1001 N US HWY 1 STE 800**  
 CITY-ST-ZIP: **JUPITER FL 33477**  
 TITLE [ ] DELETE  
 NAME: **ST WILSON, HUNTER S**  
 STREET ADDRESS: **1001 NORTH US HWY 1**  
 CITY-ST-ZIP: **JUPITER FL 33477**  
 TITLE [ ] DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE [ ] DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE [ ] DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE [ ] Change [ ] Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE [ ] Change [ ] Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **1/29/99** Daytime Phone #: **561-746-8444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)