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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77892

(2)

LEHTO & EISENMANN, INC.

Principal Place of Business Mailing Address 6245-A CLARK CENTER AVE 6245-A CLARK CENTER AVE SARASOTA FL 34238-2741 SARASOTA FL 34238 3a. Date of Last Report 3. Date Incorporated or Qualified 06/05/1990 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0196226 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes No Zip 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEHTO, ALLAN JR **6245-A CLARK CENTER AVE** 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 63 84 City Zip Code 65 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. Fam fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typicd or printed name of registered agent and ticle if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE 1011 ELSENMANN, DAVID A. Eisenmann, David A. 1.2 NAME NAME **6245-A CLARK CENTER AVE** 6245-A Clark Center Ave. 1.3 STREET ADDRESS STREET ADDRESS. SARASOTA FL 1.4 CITY - ST - ZIP Sarasota, FL CITY-ST-ZIP DELETE Change Addition TS 2.1 TITLE HILE LEHTO. ROSELIE NAME **2.2 NAME** 6245-A CLARK CENTER AVE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST- ZIF 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE LEHTO, ALLAN JR MAME 3.2 NAME **6245-A CLARK CENTER AVE** 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 0ffY-\$1-7/9 DELETE Change Addition 5.1 TITLE THLE 5 2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-SI-7P 54 CITY-ST-ZIP DELETE Addition ☐ Change 61 TITLE THUE 62 NAME

> 6.3 STREET ADDRESS 6.4 City-St-Zip

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 it 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

1-15-97

14. I do hereby cert by 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.