FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N96000004515

1. Corporation Name

FT LAUDERDALE LEATHER GUILD, INC.

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90030 023 ****61.25

•	, ·				·			
Principal Place of Business Mailing Address					1			
2632 MIDDLE FIVER DR PO BOX 39372 FT_LAUDERDALE FL 33304 FT LAUDERDALE FL 33339								
	·					2111 22 ii. 2 (221 2119 119 119 1		
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21 1226	NE 4th AUE	26			08/29/1996			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Applied For		
22 27					65-0695283	Not Applicable		
City & State City & State City & State City & State					5. Certifcate of Status Desired	\$8.75 Ad Fee Requ		
Zip Country Zip			Country	у	6. Election Campaign Financing	\$5.00 м	ay Be	
24 33304 25 BRUWARD 29					Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
			81	Name 5	RIC LAWREN	100	,	
KLETT, RANDALL B				Street Addre	et Address (P.O. Box Number is Not Acceptable)			
2632 MIDDLE RIVER DR				\$ 6	\$ 3045 N. FEDE	MAC HWY	<u> </u>	
FT LAUDERDALE FL 33304				CI	ite ull	:		
FT EAGDERDALE I E 33304			84	City	(12 1)	85 Zip Co	de .	
				1 77-7	LAUDER DACE	FL 333	06	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familia with, and accept the obligations of, Section 617.0503, Florida Statutes					4.	27-99		
SIGNATURE Signature, typed or entitled name of registered agent and title if applicable. (NOTE: Registered Agent aignature					when reinstating) DA	TE .		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	LAWRENCE, ERIC		1.2 NAME	. }			ļ	
STREET ADORESS	1207 NW 6TH AVE		1.3 STREE	ET ADDRESS			}	
CITY-ST-ZIP	'		1,4 CITY-	ST-ZIP	<u> </u>			
TITLE			21 TITLE			Change :	Addition	
NAME	KENNEDY, JAMES		.2.2 NAME	:		•	}	
STREET ADDRESS	501 NE 23RD STREET		2.3 \$TRE	ET ADDRESS	,			
CITY-ST-ZIP	FT LAUDERDALE FL 33305	·	2.4 CITY-	ST-ZIP		e te sa e		
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	FOX, LAWRENCE A		3.2 NAME	_	GOD NE 18th TS	MACE		
STREET ADDRESS	2632 MIDDLE RIVER DR		3.3 STREE	ET ADDRESS 2	500 NE 18th TE	- 22'4	. •	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	<u></u>	3.4. CITY-	ST-ZIP	LAUDERDACE DE	33506		
TITLE	D	☐ DELETE	4.1 TITLE		•	Change	Addition	
NAME	KLETT, RANDALL B		4. 2 NAME		19th To			
STREET ADORESS			4.3 STREE	ET ADDRESS 2	5800 NE 10- 151	IKACE_	,	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		4.4 CITY		FT WHOER DACE	<u>FL 33306</u>	5	
TITLE		☐ DELETE	5.1 TITLE	1.	-	Change	Addition	
NAME			5.2 NAME		·			
STREET ADDRESS	,		5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-			. `		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS	:			
	i			1			1	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIRECTOR

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154 523 1035

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