

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14104

(4)

1. Corporation Name
LERETA CORP.



Principal Place of Business

Mailing Address

1123 S. PARKVIEW DR.
COVINA CA 91724
US

1123 S. PARK VIEW DR
COVINA CA 91724
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/20/1987		07/10/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		95-4025494		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MISURA, DAVID J.
7441 114TH AVE., SUITE #803
LARGO FL 34643

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19321 G U.S. 19 North

83 Suite 602

84 City

Clearwater

FL

85 Zip Code
33764

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEYDON, KATHLEEN S.			1.2 NAME			
STREET ADDRESS	1123 S. PARKVIEW DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLEY, DOUGLAS J.			2.2 NAME			
STREET ADDRESS	1123 S. PARKVIEW DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			2.4 CITY-ST-ZIP			
TITLE	V S.	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKELY, GARY			3.2 NAME			
STREET ADDRESS	1123 PARKVIEW DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			3.4 CITY-ST-ZIP			
TITLE	VD S.	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAY, JOHN A.			4.2 NAME			
STREET ADDRESS	1123 PARKVIEW DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISE, TERRY			5.2 NAME			
STREET ADDRESS	1123 S. PARKVIEW DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			5.4 CITY-ST-ZIP			
TITLE	PD S.	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUARTO, DALE			6.2 NAME			
STREET ADDRESS	1123 PARKVIEW DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	COVINA CA			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

DOUGLAS J. FOLEY

9-2-97

818 332-1742

CR2E034 (4/97)