

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P37313 (4)

1. Corporation Name

LENCO FINANCIAL SERVICES, INC.

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3075 BRECKINRIDGE BLVD
#440
WOODLAND HILLS CA 91367
US

Mailing Address

3075 BRECKINRIDGE BLVD
#440
WOODLAND HILLS CA 91367
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/30/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 20970-C WARNER CTR. LN.

Suite, Apt. #, etc.

22

2a. Mailing Address

26 20970-C WARNER CTR. LN.

Suite, Apt. #, etc.

27

4. FEI Number

58-1975734

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

24 91367

25 L.A.

29 91367

30 L.A.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CALMES, RICHARD
STREET ADDRESS 3075 BRECKINRIDGE BLVD #440
CITY - ST - ZIP DULUTH GA

TITLE STD
NAME STRONG, STAN
STREET ADDRESS 3075 BRECKINRIDGE BLVD #440
CITY - ST - ZIP DULUTH GA

TITLE D
NAME SINGLETON, MARK
STREET ADDRESS 3075 BRECKINRIDGE BLVD #440
CITY - ST - ZIP DULUTH GA

TITLE VP
NAME BENDER, KAREN J.
STREET ADDRESS 3075 BRECKINRIDGE BLVD #440
CITY - ST - ZIP DULUTH GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME BRUCE L. DEKSEN
13 STREET ADDRESS 20970-C WARNER CENTER LANE
14 CITY - ST - ZIP WOODLAND HILLS, CA 91367

21 TITLE T/D ☒ Change ☐ Addition
22 NAME KAREN J. BENDER
23 STREET ADDRESS 20970-C WARNER CENTER LANE
24 CITY - ST - ZIP WOODLAND HILLS, CA 91367

31 TITLE S/D ☒ Change ☐ Addition
32 NAME SUSAN L. DEKSEN
33 STREET ADDRESS 20970-C WARNER CENTER LANE
34 CITY - ST - ZIP WOODLAND HILLS, CA 91367

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 I am not, or on an attachment with an address.

SIGNATURE:

Karen J. Bender

Karen J. Bender

4/25/95

818-883-7227 Y225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)