

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014519 (2)

1. Corporation Name

LEAK FINDERS, INC.



Principal Place of Business Mailing Address
**830 N.E. 171 TERRACE
N. MIAMI BEACH FL 33162** **830 N.E. 171 TERRACE
N. MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified 12/22/1992	3a. Date of Last Report 07/27/1995
4. FEI Number 65-0390664	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZIPKIN, IRA W 830 N.E. 171 TERRACE N. MIAMI BEACH FL 33162		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 reg. agent and address of agent

(If the reg. agent is a corporation, the signature of the president or officer is required)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	830 N.E. 171 TERRACE	13. STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	14. CITY - ST - ZIP	
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	830 N.E. 171 TERRACE	23. STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	24. CITY - ST - ZIP	
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	NAME	51. TITLE	52. NAME
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA ZIPKIN PRESIDENT July 1, 1996 (305) 653 5006

CR2E034 (3/96)