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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000017946 (3)

1. Corporation Name

LEFFLER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4301 VINELAND RD
SUITE E-8
ORLANDO FL 32811
US

4301 VINELAND RD
SUITE E-8
ORLANDO FL 32811
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

4. FEI Number

59-3167950

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4301 VINELAND ROAD

Suite, Apt. #, etc.

22 SUITE E-8

City & State

23 ORLANDO, FLORIDA

Zip

24 32811

Country

25 US

2a. Mailing Address

26 4301 VINELAND ROAD

Suite, Apt. #, etc.

27 SUITE E-8

City & State

28 ORLANDO, FLORIDA

Zip

29 32811

Country

30 US

9. Name and Address of Current Registered Agent

LEFFLER, TIM
4201 VINELAND RD
SUITE 1-1
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

LEFFLER, TIM

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

4301 VINELAND ROAD

83

SUITE E-8

84

CITY
ORLANDO

FL

85 Zip Code

32811

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

TITLE PR ☐ DELETE

NAME LEFFLER, TIM
STREET ADDRESS 9805 MOHNS COVE LANE
CITY-ST-ZIP WINDERMERE FL

TITLE D ☐ DELETE

NAME HEANEY, SEAN M
STREET ADDRESS 11208 ROSE DOWN COURT
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PR ☒ Change ☐ Addition

1.2 NAME LEFFLER, TIM
1.3 STREET ADDRESS 9805 MOHR'S COVE LANE
1.4 CITY-ST-ZIP WINDERMERE, FLORIDA 34786

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/29/98

CR2E034 (10/97)