FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

Change

___ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000018910 (8) DOCUMENT #
1. Corporation Name

LEIGHTON GLOBAL ENTERPRISES, INC. Principal Place of Business Mailing Address 22352 COLUNTON DR. 22352 COLLINTON DR. SUITE 402 SUITE 402 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 03/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied** For 21 26 65-0398881 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name LEIGHTON, PAUL L 22352 COLLINGTON DR Street Address (P.O. Box Number is Not Acceptable) SUITE 402 **BOCA RATON FL 33428** 83 84 City 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 reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition Change TITLE 11 Title LEIGHTON, PAUL L NAME 1.2 NAME 22352 COLLINGTON DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE LEIGHTON, AMY 2.2 NAME NAME 22352 COLLINGTON DR 2.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

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 armust 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

___ DELETE