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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OFSTATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P930000 24440 (8)

LEU SOFTWARE, INC.

FILED May 28 1997 8:00am Secretary of State

954-385-1919

Principal Place of Business	Mailing Address			1		
7770 W. OAKLAND PARK	BCUD. 7770	w, or	KLAND			
SUITE 303	ऽ∪तह ३	PARI	CBLUD	1		
SUNRISE, FL 33351	20 U€. 3	803	_	3. Date Incorporated or Qualified	3a. Date of Last	Report
	SUNDERS	E, PL	33351	03/29//993	05/01/1	996
2. Principal Place of Business	Za. Walling Address			4. FEI Number		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0407028	······································	lot Applicable
22	27			5. Certificate of Status Desired		Additional Required
City & State	City & State			6. Election Campaign Financing		May Be
23	28			Trust Fund Contribution		ito Fees
Zip Country	Zip	Country		8. This corporation has liability for	~	s. 199.032,
24 25		30		·	Yes No	
9. Name and Address of Current		81	Name	10. Name and Address of New Re	gistered Agent	
LAFFER, HENRY ESI	'3 '		· · · · · · · · · · · · · · · · · · ·			
1770 W. OAKLAND	PARK BLUD.	82	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)	
LAFFER, HENRY EST 1770 W. OAKLAND SUITE 303		83				
30116 303	.		-			
SUNRISE, FL 33:	128	84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502	and 607.1508, Florida Statute	s, the above	-named corpo	oration submits this statement for the p	purpose of changing i	its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida. Such change was all ions of, Section 607,0505, Flor	uthorized by rida Statutes	the corporation.	on's board of directors. I hereby accep	of the appointment as	s registered
SIGNATURE	•					
Signature, typed or printed name of registered agent			it signature required		DATE	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
THILE D	☐ DEFELE	11 TITLE			Change	☐ Addition
STREET ADDRESS 693 RACQUOT CLUS	2 20 44. 0	1.2 NAME	LORDICA			
STREET ADDRESS 693 RACOUPT CLU	KP, 190-2	1.3 STREET				
CITY-ST-ZIP FT LAUDORDALE, F	T DELETE	1.4 CHY-ST 2.1 TITLE	- ZIP		Change	Addition
NAME LEUV REALTAMIAL		2.2 NAME			L_1 onlings	HOURISH
NAME STREET ADDRESS CITY-ST-ZIP TITLE LEVY, BENJAMIN COURT CO LEVY, BENJAMIN CO LEVY, BEN	JA AA RASA	23 STREET	AUDBEGG			
CITY-ST-ZIP FT. LAWDERDAG	- CL 32326	2. 4 CITY - S	ļ			
TITLE	DELETE	3.1 TITLE	1-21		Change	Addition
NAME	_	3.2 NAME				,
STREET ADDRESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP		34. CITY - S	1 - ZIP			
TITLE	DELETE	4) TITLE	-		☐ Change	Addilion
NAME		4 2 NAME	\			
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP	T-1 2222	4 4 CITY-ST	- ZIP			
TITLE	☐ DELETE	5 1 TITLE		ومنص ومنطل ومنص والبين وتنال ولاندر ومندر والا	Change	Addition
NAME		5.2 NAME		60000220 -06/06/97011	J4 (86	
STREET ADDRESS		5.3 \$1R(E1.		-06/06/37011	.03==043	
CITY-ST-ZIP	DELETE	5.4 CHY-ST	-7IP	***165.00	Chanas	Addition
TITLE		61 TITLE	}		L Change	LT VOOIHOU
NAME ONCE AND DECC		62 NAME	V D J D C C C		16	28
STREET ADDRESS		6.3 \$1REET			5	.60
CITY-ST-ZIP 14. I do hereby certify that the information supplied	with this filling does not qualify	64 011Y-S1		in Section 119.07(3)(i). Fiorida Statutes	s. I further certify that	t the
information indicated on this annual report or su I am an officer of director of the corporation or the	potemental annual report is tru	ue and accu	rate and that r	my signature shall have the same loga	l effect as if made ur	nder oath; that I
appears in Block 12 or Block 13 if changed, or of	on an attachment with an addr	ess.	ию инэтерип	as required by chapter born fidings o	sciolos, and matthy	HULLIKO