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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P93000026327 (5)

TRUDY L. LESSNE, INC.

Principal Place of Business		Mailing Address		L INSTITUTE INTERIOR COLOR SERVICE SOUND COLOR C	
9100 W ATLANTIC BLVD #611 CORAL SPRINGS FL 33071		9100 W ATLANTIC BLVD #611 CORAL SPRINGS FL 33071			
				3. Date Incorporated or Qualified 04/09/1993	3a. Date of Last Report 05/10/1995
2. Principal Pla		2a. Mailing Address	~#0 A	4. FEI Number	Applied For
21 /0405	N.W. 8 wol	26 /04 DS N.W.	8°0	65-0407963	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1. 20	City & State	. 71	6. Election Campaign Financing	55.00 May Be
23 (Blax	Lyping, TX	28 Coral Spring	go, FL	Trust Fund Contribution	Added to Fees
200	Country	200	Country	8. This corporation has liability for in	3
24 550 /1	25 763	29 330 //	30 US	Florida Statutes	
	9. Name and Address of Curre	ent Hegistered Agent	0.0	10. Name and Address of New Re	gistered Agent
			81 Name	Tredu I Jenne)
	E, TRUDY L		82 Street Add	ress (F.O. Box Number is Not Acceptable	<u> </u>
	V ATLANTIC BLVD #611			5 n.w. gwat	
CORAL	. Springs FL 33071		83	•	
			84 City	11	12-1 5 6
			(0)	al domini	FL 85 5000
11. Pursuant to	the provisions of Sections 607,050	02 and 607,1508, Florida Statute	s, the above-named corpor	ration submits this statement for the purp	ose of changing its registered office
OFFEGISIER	id agent, or both, in the State of Fio i, and accept the obligations of, Sec	nda, buch change was aumonze	ad by the cornoration's boa	ration sumits this statement for the purp ird of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE					
	lignature, typicd or printed harma of registered age	nt and the if applicable. (NO)	TE: Registered Agent signature require	d when reinstaling)	DATE
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THILE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	Lessne, trudy l		1.2 NAME		
STREET ADDRESS	9100 W. ATLANTIC BLVD.	. #611	1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP		
TOLE		DELETE	2.13(TLE		Change Addition
NAME		Name of the Control o	2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-SI-7P					
TITLE		☐ DELETE	2.4 CITY - ST - ZIP 3.1 TIYLE		Charge Cl Addition
NAME					Change Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELETE	3.4 CITY - \$1 - ZIP		
		L DECEIL	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY-ST-ZIP			4.4 C!TY - ST - ZIP		
TILE		☐ DELETE	5. 1 T TLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADORESS		
CHTY-SI-ZIP			5.4 CITY- ST-ZIP		
TITLE	The state of the s	☐ DELETE	8 1 TITLE		Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do horeby 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 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 call; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NAME

STREET ADDRESS

City-St-2iP

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4-29-96 315-1944