

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 # P93000050920 (6)

1. Corporation Name

LEH ENTERPRISES, INC.



Principal Place of Business

Mailing Address

445 9TH ST S W
VERO BEACH FL 32962
US

P.O. BOX 780782
SEBASTIAN FL 32978
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONN, SHANNON
455 9TH ST. S W
VERO BEACH FL 32962

81 Name

Howard Gilley

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

574 Benedictine Terrace

83

Sebastian, FL 32958

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, which 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (agent and title required)

(The New Registered Agent signature required when registering)

6-7-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOLMAN, LEE E
STREET ADDRESS P.O. BOX 780782
CITY - ST - ZIP SEBASTIAN FL 32978 N/A

TITLE D
NAME HOLMAN, MARGARET M
STREET ADDRESS 41010 STATE ROAD 19
CITY - ST - ZIP UMATILLA FL 32784

TITLE
NAME
STREET ADDRESS
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11 TITLE
12 NAME
13 STREET ADDRESS
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21 TITLE
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31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lee E. Holman

Lee E. Holman Pres

Date

6/7/96

Signature/Phone #

407-567-4955

CR2E034 (3/96)