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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Moltham

FILED

Apr 25 1997 8:00am

BEASTAN FL 2099-0762 US Procepted Phase of Business 2s. Mailing Address 2s. Mailing Address 3s. Date incorporated or Qualified 3s. Date of Last Report O7/15/1983 O6/14/1986 O7/15/1983 O6/14/1986 O7/15/1983 O6/14/1986 O7/15/1983 O7/15/15/1983 O7/15/15/15/15/15/15/15/15/15/15/15/15/15/	ANNUAL REF	PORT	005000	Secretar DIVISION OF C	ry of State CORPORATIONS	Secreta	ry of S	tate
Substitution Subs	LEH ENTERPRIS	ES, INC.	Mailing A P.O. BOX SEBASTIAI					
Pre-region Thick or of Livatiness 2a. Mailing Address 5.9-9186107								Report
Suite. April 4, etc. Suite. April 4, etc. Suite. Suite. Suite. April 4, etc. Suite. Suite	Principal Place of Bu	siness	∤	ng Address		4. FEI Number		
City & Statio Country 2 20 20 20 20 20 20 20	Suite, Apt. #, erc		Suite.	. Apt. #, etc.			\$8.75	Additional
Country Country 26	City & State		City 8	State			\$5.00	May Be
9. Name and Address of Current Registered Agent HOWARD GILLEY 574 BERMINCTINE TERR. \$8	Zip	}	Zip		ļ	8. This corporation has liability for	intangible tax under	
STA BENINCTINE TERR. SEBASTIAN FL 32962 Bit Street Address (P.O. Box Number is Not Appetiable)	9. Nan			Agent	[30]			
SEBASTIAN FL 32982 A	HOWARD GILL	LEY TALE TEDD	J. J.L.	•		Melissa Wado	le 1/	
Fursional to the provisions of Sections 607 6/02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as 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, 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, 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, and the sentiment of the purpose of changing its registered registered agent, and the sentiment of the purpose of changing its registered after sentiment. Continued Contin	SEBASTIAN F	L 32982	aciere	•		dress (P.O. Box Number is Not Accepta	ble) S.W.	
Letter the content of the processors of Sections 607 0502 and 607 1508. Florida Statufes, the above-named corporation submits this statement for the purpose of changing his 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 of the purpose of considerable with execution of separation with execution of separation of 07,000, Florida Statufes. GNATURE CHANGES CHANGES COFFICERS AND DIRECTORS DELETE 1. SPANE P.O. BOX 780782 N/A SEBSTIAN FL 32978 HOLMAN, LEE E P.O. BOX 780782 N/A SEBSTIAN FL 32978 HOLMAN, MARGARET M 22 Net 1. 4(1)**51.7P HOLMAN, MARGARET M 23 Net ALORESS LA 4(1)**51.7P LA 4 LE Change Addition DELETE 3. Net Thomas Addition Change Addition DELETE 4. LE Change Addition DELETE 5. Net Change Addition MR MR MR Addition DELETE 5. Net Change Addition DELETE 5. Net Change Addition DELETE 5. Net Change Addition DELETE 5. Net Net L'Addition MR MR Addition MR MR Addition DELETE 5. Net DELETE 6. Net MR Addition MR MR MR Addition MR MR Addition MR MR MR Addition MR MR MR Addition MR								
office or registered agent, or both, in his State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the appointment as registered agent accept the appointment as registered accept the appointment accepted when recataling) DATE DATE DATE						Vero Beh	トレージ	962
HOLMAN, LEE E P.O. BOX 780782 N/A SEBASTIAN FL 32978 N/A SEBASTIAN FL 32978 N/A SEBASTIAN FL 32978 N/A HOLMAN, MARGARET M HOLM	agent Larr familiar IGNATURE Signature fyr	with and accept the d	bligation of Section o	ion 607,0505, Flo	orida Stalutes. F. Regissered Agent signature rec	Quired when reinstating)	-1597 DATE	<i></i>
P.O. BOX 780782 N/A SEBASTIAN FL 32978 N/A SEBASTIAN FL 32978 D HOLMAN, MARQARET M 41010 STATE ROAD 19 UNATILLA FL 32784 DELETE DELETE S	ı, D		AND DIRECTORS			ADDITIONS/CHANGES TO OPPI	··-	Addition
HELT ADDRESS HELT	REFT ADDRESS P.O. BC	X 780782	N/A		13 STREET ADDRESS			
### ADDRESS WHATILLA FL 32784 DELETE	D D		1	DELETE		·	☐ Change	Addition
DELETE 3 LE Change Addition ME 33 ME 34 ME 35 ME 35 ME 35 ME 36 ME Addition ME 36 ME 36 ME 36 ME 36 ME 36 ME 36 ME Addition ME 36	REET ADDRESS 41010 8	STATE ROAD 19	/		2.3 REET ADDRESS			
### ADDRESS AS 17 - ST - ZIP DELETE LE Change Addition			1	DELETE			Change	Addition
DELETE 4. LE Change Addition ME MEET ADDRESS ME DELETE 5. LE Change Addition ME ME DELETE 5. LE Change Addition ME ME ME ME ME ME ME ME ME M	ME REELADORESS						150	
REET ADDRESS NY-ST-ZIP LE DELETE DELETE S IN ME S ME S ME S REET ADDRESS NY-ST-ZIP TY-ST-ZIP Change Addition MI REET ADDRESS TY-ST-ZIP TO hereby certify that the information supplied with this filling does not qualify for its 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 at accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the receiver or trusten 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 a matachinent with an address.	11 · S1 · ZIF		Marketin There's Military The State	DELETE			Change	Addition
TY-ST-ZIP	ME REEL ADORUSS							
The straight of the corporation or the receiver or trusten 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 a matachinent with an address.	IY-SU ZP			Devete.	4 IY-ST-ZIP	700		
THE ACURESS THE ST-ZIP THE TADDRESS T	ì			□] DELETE			i Change	L.J Addition
DELETE to ILE MI MERCEL PORATES TY-ST-ZIF I. I do hereby certify that the information supplied with this filling 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 at discourate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the receiver or trusten 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 a matachment with an address.	Į.							
Y-SI-Zir I do hereby certify that the information supplied with this filing does not qualify for he 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 a discurate and that my signature shall have the same legal effect as if made under eath; the lam an officer or director of the corporation or the receiver or trusten 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.	i F			DELETE	€ ILE	المرود و المراود و المرود و المراود و المراود و المراود و المرود و المرود و المراود و المراود و المراود و	☐ Change	Addition
If do hereby certify that the information supplied with this filling 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 at discurate and that my signature shall have the same legal effect as if made under eath; the lam an officer or director of the corporation or the receiver or trusten 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 a matachinent with an address.	REEL MODRESS							
	 I do hereby certily tenformation indicate I am an officer or d 	id on this annual ≇eport rector of the corporatio	or supplemental a on or the receiver o	annual report is to or trustee empoy	ify for lie exemption stat true and accurate and the warp discovercute this rep	at my signature shall have the same leg-	al effect as if made u Statutes, and that my	nder oath; thai name