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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050920 (6)

LEH ENTERPRISES, INC.

SIGNATURE:

Principal Place of Business Mailing Address 445 9TH ST S W P.O. BOX 780782 VERO BEACH FL 32962 SEBASTIAN FL 32978 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3196107 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WADDELL, MELISSA 1650 21ST AVE. S.W. Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32962 City 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. 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

While The purpose of changing its registered of 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 TITLE DELETE 1,1 TITLE Change ☐ Addition HOLMAN, LEE E NAME 1.2 NAME P.O. BOX 780782 N/A STREET ADDRESS 1.3 STREET ADORESS **SEBASTIAN FL 32978** CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4 1 TITLE Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIE 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.