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 CUMENT # P03000057050

DOCUMENT # P93000057959 (7) 1. Corporation Name LENWOOD INDUSTRIES, INC. Principal Place of Business 3979 SPARROW HAWK RD MELBOURNE FL 32935 MELBOURNE FL 32935 MELBOURNE FL 32935 MELBOURNE FL 32935 P93000057959 (7) Mailing Address **ACCTG AND BUSINESS 790 E BROWARD BLVD S			IESS CONSULTANTS. INC D SUITE 302			
US		FT LAUDERDALE FL 3	8301	3. Date Incorporated or Qualified 08/18/1993	3a. Date of La 05/11	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0430885		Applied For Not Applicable
Suite, Apt #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional
City & State		City & State		6. Flection Campaign Financing	\$	Fee Required 5.00 May Be
3 Zip	Country	28	Country	Trust Fund Contribution	ш,	Added to Fees
4	25	29	30	8. This corporation has liability for in Florida Statutes 🛣 Yes	□No	
	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agen	it
LEONARO	, CHARLES			ress (P.O. Box Number is Not Acceptabl	n)	
3979 SPA	RROW HAWK RD			ess (r.O. dox number is not acceptable	e)	
MELBOUF	RNE FL 32935		83			
			84 Orty		FL 85	Zip Code
SIGNATURE SI	gradue (grados proteinos entrepotenciagos) OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
NAME	LEONARD, CHARLES 3979 SPARROW HAWK RD	_	1.2 NAM:			_
STREET ADDRESS CITY - S1 - ZIP	MELBOURNE FL 32935		1 3 STREET ADDRESS 1 4 CHY+ST+ZIP			
TITLE	D D	☐ DELETE	2 1 TITLE		☐ Ch	ange 🔲 Addition
NAME Street address	LEONARD, PATRICA 3979 SPARROW HAWK RD		2.2 NAM: 2.3 STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL 32935	Force	2.4 CITY ST-ZIP			
TITLE NAME		□ D€LEFE	3 1 TITLE 3 2 NAME		Ch.	ange 🔲 Add-tion
STREET ADOPESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		☐ Cn	ange 🔲 Addition
NAME			4.2 NAM+			ange
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		[] DELETE	4.4 CITY ST ZIP 5.1 TITLE		Cn	ange
TITLE NAME	•	C octes	5 2 NAMÉ		[_] _{(ii}	ange Aug-non
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4.C(1Y+S1+Z)P			
TATLE		T DELETE	6 1 11146		Cn	ange 🔲 Addition
NAME STAGE F LODGGGG			6.2 NAME			
STREET ADDRESS			6.3 STREET ADOPESS			
certify that t	he information indicated on this annu	ial report or supplemental and	nual report is true and accura	or the exemption stated in Section 119.0 ste and that my signature shall have the is report as required by Chapter 607, Flo	same legal effec	t as if made under
		riago attachment with a fact		is report our regarded by children dor, the	Z Cultutos, a	is a control in the interest
		/ /		. / /		K67257328