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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000086183 (9)

EARL D. LEURCK, INC.

## FILED Feb 24 1997 8:00am Secretary of State

			NL DR. NORTH H FL 33436-4407		
				<ol> <li>Date Incorporated or Qualified</li> <li>12/16/1993</li> </ol>	3a. Date of Last Report 03/25/1996
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	#. etc.	26   Suite, Apt. #, etc.		65-0454628	Not Applicable  S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country	28     Z <sub>I</sub> p	Country	Trust Fund Contribution  8. This corporation has liability to	
24	25	29	30	Florida Statutes	☐ Yes No
	9 Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
	IRCK, EARL P	1		LEURCK EAR	<u>L</u> D
10219 GREENTRAIL DRIVE, NORTH BOYNOTN BEACH FL 33436				dress (P.O. Box Numbers Not Accept 219 GREENTM	
			83		
Ì			84 Cir.	poration submits this statement for the ration's board of directors. I hereby acc	R5   Zin Code
			Bo	INTON BEACK	FL 33436
11, Pursuant office or n	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida St e of Florida, Such change w	atutes, the above-named or as authorized by the corpor	fiporation submits this statement for the ration's board of directors. I hereby acc	e purpose of changing its registered epit the appointment as registered
agent La	m familiar with, and accept the oblig	ations of, Section 607 0505	Florida Statutes.	2/	7/17
	EARL D. LEURC Signature, typicd or profess name of registered ag		NOTE Registered Agent signature red		DATE
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
HILE	LENDON EVEN D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OURSEL ADDRESS	LEURCK, EARL D 10219 GREENTRAIL DR., NOI	RTH	1.2 NAME 1.3 STREET ADDRESS		3
STREET ADDRESS CITY-ST-ZIP	BOYNTON BEACH FL	.4171	1.4 City-St-ZiP		
TITLE	\$	DELETE	2.1 TITLE		Change Addition
NAME	LEURCK, NATALIE B		2.2 NAME		,
STREET ADDRESS	10219 GREENTRAIL DR NO		2.3 STREET ADDRESS		
CITY-S1-ZIP	BOYNTON BCH FL	DELETE	2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		ביין טינובונ	3.1 TITLE 3.2 NAME		C) organile (C) vitalition
STREET ADDRESS			3.3 STREET ADDRESS		
City+St-ZiP			3.4. CITY-SI-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	1.		4.3 STHEET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1-ZIP			5.4 CITY-ST-ZIP		
THLE		DELETE	6.1 TITLE		Change Addition
NAME CTOLL ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-SI-ZIP			040111-31-21		

14. I do 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 changes, or on an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

2/17/47

561 737-9836

Daytime Phone #