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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am ~ Secretary of State

04-19-1999 90004 050 ***150.00

| DOCUMENT # P94000017524 | | | | | | | |
|---|--|---------------------|------------------------------|--------------------------------|--|------------------------|---|
| 1. Corporation Name LESLY DESROULEAUX, P.A. | | | | | | | |
| CECLI DEGROULENDA, F.A. A. B. SECTION | | | | | I JERUSANI SIA IRISH BESHARNIK BASH ABSH ABSH ABSH I | | |
| | | | | | | | |
| Principal Place | <u>``</u> | Mailing Address | | | ז וסופב ווושם וונקס נווסב ווסוס וזובו סוו וסקנוסטו ו | 1 0)) (2004 5) | וספו ופוס יושוו שיו |
| 1825 FOREST HILL BLVD. 13679 GREENTREE TRAIL | | | | | 15 1. 18 3 5 50 P | | |
| #104 WELLINGTON FL 33414 | | | | | 2. 3. 8072 | | , |
| LAKECLARKE SHORES FL 33406 | | | | | DO NOT WRITE IN THIS: 3. Date incorporated or Qualifed | SPACE | <u> </u> |
| US | | | | | 03/07/1994 | | |
| 2 Principal Di | lace of Business | 2a. Mailing Address | | . | 4. FEI Number | | Applied For |
| 21 | ace or business | 26 | | | 65-0472493 | <u> </u> | lot Applicable |
| | ite, Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8.75 | Additional |
| 22 | 27 | | | | 5. Certifcate of Status Desired | Fee F | Required |
| City & State | City & State City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip Country | | | 8. This corporation owes the current year Inta | | |
| 24 | 25 | 29 30 | <u>'</u> | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Registered A | Aguit | |
| DESROULEAUX, LESLY | | | | | | | - 1 · · · · · · · · · · · · · · · · · · |
| 13679 GREENTREE TRAIL | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | ø. |
| WELLINGTON FL 33414 | | | 83 | | | | 19 |
| · | | | _ | <u> </u> | | 7-21 | |
| ļ | | | 84 | City | FL | 85 Zip | Code |
| 44. Durstoot to the crevisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-parent correction 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 | , | . , . | | | | | |
| GIGITATORE | Signature, typed or printed name of registered agent | | | nt signature rec | quired when reinstating) DATE | | |
| 12. | OFFICERS AND | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS ANI | D DIRECT Change | |
| TITLE | D Desrouleaux, Lesly | | 1.1 TITLE 1.2 NAME | | and the second s | | |
| NAME | 13679 GREENTREE TRAIL | | | TADDRESS. | | | { |
| STREET ADDRESS | WELLINGTON FL 33414 | | | 1 | | | |
| CITY-ST-ZIP | PVST | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition |
| NAME | DESROULEAUX, LESLY | | 22 NAME | Ţ | • | | |
| STREET ADDRESS | 13679 GREENTREE TRAIL | | | TADDRESS | | | 1 |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | 2. 4 CITY-5 | | • | | 1 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME . | | | 3.2 NAME | } | | | |
| STREET ADDRESS | | <u>.</u> | 3.3 STREE | T ADDRESS | | | į |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZiP | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | \$ | ☐ DELETE | 4.1 TITLE | } | • | Change | e |
| NAME - | | | 4. 2 NAME | | | | 1 |
| STREET ADDRESS | | | ľ | TADDRESS | • | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-S | T-ZIP | | Change | Addition |
| TITLE | • | י רו הברבוב | 5.1 TITLE 5.2 NAME | } | • | change | , הממוממוז |
| NAME | | | | TADDRESS | , | | . |
| STREET ADDRESS | • | | 5.4 CITY-S | i | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | + | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 6.2 NAME | | | _ | _ |
| STREET ADDRESS | • | | ŀ | TADDRESS | | | |
| 3110E-1 ADDIE-33 | | | A 4 600 (0 | , חוב די | | | ĺ |

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 symplemental 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 in attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF SIGNING OFFICE OR DIRECTOR

4-10-99 561-434-455 Date Phone #

CR2E034 (11/98)