

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029979 (9)

1. Corporation Name

LEDDS INTERNATIONAL, INC.



Principal Place of Business

6850 NINETEEN MILE ROAD
STERLING HEIGHTS MI 48314

Mailing Address

6850 NINETEEN MILE ROAD
STERLING HEIGHTS MI 48314

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MANCINI, DAVID
2601 NORTHWEST 48TH STREET
POMPANO BEACH FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

04/19/1995

4. FFI Number

65-0486546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME MANCINI, DANIEL C
STREET ADDRESS 2601 NORTHWEST 48TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33073

☐ DELETE

TITLE ASD
NAME MANCINI, DAVID A
STREET ADDRESS 2601 NORTHWEST 48TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33073

☐ DELETE

TITLE PD
NAME JANKOWSKI, PAUL C JR.
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314

☐ DELETE

TITLE STD
NAME JANKOWSKI, LISA M
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314

☐ DELETE

TITLE D
NAME MANCINI, STEVEN M
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314

☐ DELETE

TITLE D
NAME MANCINI, EDWARD A
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

810 739-5210

Telephone Phone #

CR2E034 (12/95)