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Feb 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 48314-2113**



3. Date Incorporated or Qualified

**04/13/1994**

3a. Date of Last Report

**03/26/1996**

4. FEI 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

(Signature required for change of registered agent and state of incorporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MANCINI, DANIEL C	
STREET ADDRESS	2601 NORTHWEST 48TH STREET	
CITY-STATE-ZIP	POMPANO BEACH FL 33073	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MANCINI, DAVID A	
STREET ADDRESS	2601 NORTHWEST 48TH STREET	
CITY-STATE-ZIP	POMPANO BEACH FL 33073	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JANKOWSKI, PAUL C JR.	
STREET ADDRESS	6850 NINETEEN MILE ROAD	
CITY-STATE-ZIP	STERLING HEIGHTS MI 48314	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JANKOWSKI, LISA M	
STREET ADDRESS	6850 NINETEEN MILE ROAD	
CITY-STATE-ZIP	STERLING HEIGHTS MI 48314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANCINI, STEVEN M	
STREET ADDRESS	6850 NINETEEN MILE ROAD	
CITY-STATE-ZIP	STERLING HEIGHTS MI 48314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANCINI, EDWARD A	
STREET ADDRESS	6850 NINETEEN MILE ROAD	
CITY-STATE-ZIP	STERLING HEIGHTS MI 48314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

*Lisa Jankowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA JANKOWSKI, Secretary**

**2/18/97 (810) 739-5210**

System Phone #

CR2E034 (9/96)