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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name LEON C. BAKER P.A P94000035975 (9)

FILED Feb 12 1998 8:00am Secretary of State

LEGIT	O DANLII FIA										
Principal Plac		Mailing A	Mailing Address						(i) asili asila (i)		
7123 AYRSHI			7123 AYRSHIRE LANE BOCA RATON FL 33496						,	:	•
BOCA RATON FL 33496		DOCK K	DOOR RAIGHTE 93950					DO NOT WE	RITE IN THIS	SPACE :	
								3. Date Incorporated or Qualifi 05/12/1994	ed		
2. Principal P	lace of Business	2a. Mailin	2a. Mailing Address					4. FEI Number	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A	pplied For
21		26	26					65-0524936		N ₁	ot Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22		27								_	equired
City & State	e	} ·─¬ ´	City & State					6. Election Campaign Financin	g \square		May Be to Fees
Z ip	Country		Zip Count			,		Trust Fund Contribution			
24	-		29 30		oud.inj			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes			
	9. Name and Address of Curr		lgent	1001	7			10. Name and Address of New			
BA	KER, LEON C				81	Na	ame				
	23 AYRSHIRE LANE					Ç,	reet Addres	ss (P.O. Box Number is Not Acce	ntable)		
BO	ICA RATON FL 33496					Ç.	i det Modie	33 (1 .O. DOX HOMBOT IS HOT ACCO	plable	1	
]					83				_	i	
					84	Ci	ty		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508	3 Florida Statu	tes the	above	e-na	med corpo	ration submits this statement for t		f changing I	ts registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	de of Florida Suc	h charige was	authoriz	ed by	y the	corporatio	n's board of directors. I hereby a	cept the app	ointment as	registered
ì	и тапшат w un, аясгассерстве овг	igations or, accirc	JII 607.0305, F	ioricia St	alules	S.				į	
SIGNATURE	Signature, typed or printed name of registered a	agentarios tais d'Oppolis a	ble (NO	TE Rugister	red Ago	ont sig	nature required	d when reinstating)	DATE		
12.	OFFICERS A	NO DIRECTORS		13				ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 12
TITLE	DP		DELETE	1.1	TITLE					☐ Change	Addition
NAME	BAKER, LEON C			1,2	NAME					1	
STREET ADDRESS 7123 AYRSHIRE LANE			1		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	BOCA RATON FL 33496				CITY-5	T- ZIP	<u> </u>				T
TITLE			DELETE		TITLE				11 .	Change	Addition
NAME					NAME			,	4 150	2	
STREET ADDRESS					STREET		1	Ω Λ	##		
CITY-ST-ZIP TITLE			DELETE		CITY-S	ST - ZI	P	Paril	#777	Change	Addition
NAME			LJ DEITH		NAME			,		- Ottonige	/AUGUST
STREET ADDRESS					name Street	VD L/C	200				
CITY-ST-ZIP					CITY - S		1				
TITLE			DELETE		TITLE	J, 211	'	······································		Change	Addition
NAME					NAME					- :	
STREET ADDRESS					STREET		RESS				
CITY-ST-ZIP					CITY-S						
TITLE			DELETE		TITLE					☐ Change	Addition
NAME				5.2	NAME		1				
STREET ADDRESS				5.3	STREFT	ADDF	RESS			;	i
CITY-ST-ZIP				5.4	CITY-S	T-ZIP					
TITLE			DEFELE	6.1	TITLE				. — . — .	Change	☐ Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDR	RESS				
CITY - ST - ZIP				6.4	CITY-S	T-ZIP					

Thereby 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: