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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400049066 (1)

LEBOVIC, INC.

Principal Place of Business

Mailing Address

FILED
Mar 09 1998 8:00am
Secretary of State

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960 S.W. 75TH TERRACE 960 S.W. 75TH TERRACE PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0507421 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Źip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEBOVIC, RENATE 960 S.W. 75TH TERRACE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 84 City 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, typed or preded name of registerior agent and title it apply about (NOIE Registered Agent signature requ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition LEBOVIC, RENATE 1.2 NAME NAME 960 S.W. 75TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 frustee 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 on an attachment with an address

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3398

Daytime Phone # 0288584