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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000056295

LEASH & MCKENZIE GROUP INC.

Principal Place of Business 4801 SW 141 AVE MIRAMAR FL 33027 Mailing Address

4801 SW 141 AVE MIRAMAR FL 33027

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90013 085 \*\*\*150.00 04-25-1999 90013 086 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated o	r Qualifed			
		2- 10-0				07/29/1994 4. FEI Number				pplied For
¬ `	flace of Business	2a. Mailing Addre	ess			65-0440870				ot Applicable
21	#	Suite, Apt. #,	otc .		<del></del>	03-0440070				Additional
Suite, Apt.	#, etc.	27	eic.			5. Certifcate of Status	Desired 	<u> </u>		equired
City & Stat	e	City & State				6. Election Campaign I	_		-	May Be
23		28				Trust Fund Contribu	tion		Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation ow		ent year Inta		
4 25 29			30	30		Personal Property Tax. Yes No				
	9. Name and Address of Cur	rent Registered Agent		04		10. Name and Address	s of New H	tegisterea <i>P</i>	gent	
CDIT	TED CALEN			81	Name					
GRITZER, GALEN				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	I SW 141 AVE									
MIRA	AMAR FL 33027			83						
				84	City		_ <del></del>		85 Zip	Code
				"	City		-	FL		
agent. I a	registered agent, or both, in the Starm familiar with, and accept the obi	igations of, Section 607.0	505, Florida Sta	itutes.	signature required			DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANG	ES TO OF	FICERS AND	DIRECT	ORS IN 12
· • ·	011102110									
TITLE	P	□ DE	LETE 1,1					702110	☐ Change	Addition
TITLE	'	□ DE		TITLE						☐ Addition
NAME	GRITZER, GALEN	□ DE	121	TITLE NAME	ADDRESS					
NAME STREET ADDRESS	GRITZER, GALEN 4801 SW 141 AVE	□ DE	121 1.33	TITLE NAME STREET	ADDRESS					Addition
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4. 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 informatio 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)