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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000064650 (2)

L.E.I. DEDICATED SERVICES, INC

Principal Place of Business
17325 N.W. 27th AVE # 208

Miami, FL 33056

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED

AMENDMENTS REPORTS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 3a. Date of Last Report

12/10/96 1-305-625-7100

						09/01/1994	04/2	9/96		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		Applied For		
21 17325 N.W. 27th AVE 26						65-0519074		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, è						5. Certificate of Status Desired		\$8.75 Additional	7	
22 # 208 27						- Sertingue of States Desired	Fee Required			
City & State City & State						6. Election Campaign Financing		\$5.00 May Be		
23 Miami, FL 28						Trust Fund Contribution	ution Added to Fees			
Zip Country Zip			Country			8. This corporation has liability for intangible tax under s 199.032,				
24 3305		29	30			Florida Statutes X Yes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
bumpkin-enderprises					JOHNSON, B.J.					
18146-NW-2nd-AVE					2 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI7-Fb-33169-					17325 N.W. 27th AVE # 208					
MIMIT-FE-33103-					83					
			ŀ	84 (Top Code	-	
				04	City	Miami	FL	85 Zip Code 33056	ļ	
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 Flooda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiar with, and accept the obligation of Section 607.0505, Florida Statutes.										
11-11-11										
SIGNATURE Stratus report or philled name of registered agent and title if applicable. (NOTE Registered Agent agnat us required when resistating) CATE										
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12	۔ اۇ	
TITLE	D	☐ DELETE	1 11	TLE	D		X	Change Addition	15	
NAME	JOHNSON, B.J.			1.2 NAME JC		HNSON, B.J.			E034	
STREET ADDRESS	COMBON, B.U.					325 N.W. 27th AVE # 208				
CITY-ST-ZIP	SEBRING FL 33872			l .		AMI, FL 33056	_ " -	• •	្រឹ	
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NAME				6.2 NAME				100/11		
STREET ADDRESS				6.3 STREET ADDRESS				(U)'		
CITY-SI-ZIP	TY-SI-ZIP 64 CI I do hereby certify that the information supplied with this filing is voluntarily furnished and			Y-SI-Z		the exemption stated in Cachine 110	07(2)(L) E)	ida Statuton 16 dec	4	
certify that	the information indicated on this annua	l report or supplemental annu	ial report is	s true a	and accurate	and that my signature shall have the	same legal e	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.										