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 #

P94000066769 (8)

LEEBERN INC.

FILED Apr 07 1998 8:00am Secretary of State



		- · · · · · · · · · · · · · · · · · · ·			
Principal Place of Business Mailing Address					
1003 E ATLANTIC BLVD POMPANO BEACH FL 33060		1003 E ATLANTIC BLVD POMPANO BEACH FL 3:	2000		
FOMPARO BERON TE SSOO		FOMPANO DENON PE S	3000	DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
				09/12/1994	
⊢ ≒ '	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0518051	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
23	·	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	- [20] Zip	Country	8. This corporation owes or has paid the	
24	25	ł	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registers	ed Agent
LOVELL, JEFFREY B 81 Name					
1591 E. ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 101			1 1 50	OI EST ATICAL BUILD	
P	OMPANO BEACH FL 33062		83		
ļ.			84 Æitv		. 85 Zip Code
			1 900	Pro Brya F	F 339/2
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named convoration 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
			Registered Agent signature		
12.	OF ICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LOVELL, ELLEN	_ ottin	12 NAME		Les Change La Audition
STREET ADDRESS	1212 SPRING CIRCLE DRIVE		1.3 STREET ADDRESS	Losell Ellow	
CITY-ST-7IP	CORAL SPRINGS FL 33071	•	1.4 DITY-ST-ZIP	251 NW 122M TONACE	23.52.
TITLE	VP	DELETE	2.1 TITLE	Cocal Springs, Clary	Charge Addition
NAME	LOVELL, JEFFERY	_	2.2 NAME	Die Preside	
STREET ADDRESS	1212 SPRING CIRCLE DRIVE		2.3 STREET ADDRESS	SZINM ISTAMO	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	251 NW 122-70/nD	33.571
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	. ,	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP	 		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DOLLY	5.4 CITY - ST - ZIP		Diame DARRE
TITLE		L) DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		

14. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

4.3.98