SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000075889 (3)**

1. Corporation Name
LECOM, INC.

Principal Place of Business	Mailing Address
201 MONROE AVENUE #50 MAITLAND FL 32751	201 MONROE AVENUE #50 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994	3a. Date of Last Report: —

21 2. Principal Place of Business: 201 Monroe Av. # 5C	26 2a. Mailing Address: 201 Monroe Av. #5C
22 Suite, Apt. #, etc.: Maitland, FL 32751	27 Suite, Apt. #, etc.: Maitland, FL
23 City & State: 32751	28 City & State: 32751
24 Zip: 32751 / 25 County: Orange	29 Zip: 32751 / 30 County: Orange

4. FEI Number: 59-3312167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIMLAT, LEONID
201 MONROE AVENUE, #50
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Leonid Kimlat
82 Street Address (P.O. Box Number is Not Acceptable): 201 Monroe Av. # 5C
83
84 City: Maitland FL 85 Zip Code: 32751

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: Leonid Kimlat, President — 06/15/95
(Typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND/OR NAME/ADDRESS CHANGES	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	President Leonid Kimlat 201 Monroe Av. # 5C Maitland, FC 32751	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☒ Addition President Leonid Kimlat 201 Monroe Av. #5C Maitland, FC 32751
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leonid Kimlat — 06/15/95 — (407)644-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0007411 CP