

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90018 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000075889**

1. Corporation Name  
**LECOM, INC.**



Principal Place of Business

**201 MONROE AVENUE 5C  
MAITLAND FL 32751  
US**

Mailing Address

**201 MONROE AVENUE 5C  
MAITLAND FL 32751  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/17/1994**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 2531 NATIVE COURT**

2a. Mailing Address

**26 2531 NATIVE COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Maitland, FL**

City & State

**28 Maitland, FL**

Zip

**24 32751**

Country

**25 USA**

Zip

**29 32751**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**KIMLAT, LEONID  
201 MONROE AVENUE 5C  
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)

83

**2531 NATIVE COURT**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**L. KIMLAT, PRESIDENT**

**04/10/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**LEONID KIMLAT**

**2531 NATIVE COURT**

**MAITLAND, FL 32751**

☐ Change ☐ Addition

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SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/99**

**(407) 740-8173**

Date

Daytime Phone #

CR2E034 (1/98)