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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000075889

LECOM, INC.

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

04-21-1999 90018 003 ***150.00



	·					
Principal Place	e of Business	Mailing Address				UU
201 MONROE AVENUE 5C		201 MONROE AVENUE 5C				
MAITLAND FL 3		MAITLAND FL 32751		SO NOT WEITE IN T	UP CDACE	
US		US		DO NOT WRITE IN TH	IIS SPACE	
				10/17/1994		
2 Dringing Di	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	r
2. Principal Pri 21 2531		26 2531 NaTIV	E COURT	59-3312167	Not Applica	—-
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additiona	$\overline{}$
22	n, do.	27		5. Certifcate of Status Desired	Fee Required	Ì
City & State		City & State 4	т.	6. Election Campaign Financing	\$5.00 May Be	
	Land, FL	28 Maitland	<u> </u>	Trust Fund Contribution	Added to Fees	
Zip 3275	Country USA	zip 32751 30	Country	8. This corporation owes the current year Personal Property Tax.	Intangible □Yes ⊠No	}
24 02.0	9. Name and Address of Current	120		10. Name and Address of New Registers	ed Agent	
			81 Name	EONID KIMLAT		
KIML	ať, Leonid			ress (P.O. Box Number is Not Acceptable)		
	MÖNROE AVENUE 5C		Sileet Aud	ress (F.O. Box Number is Not Acceptable)		
MAIT	TLAND FL 32751		83 2531	Native Court		
			24 0:5	aitland F	85 Zip Code	i
44 Discounant	to the provinces of Sections 607 0502	and 607 1508 Florida Statutes	the above named corr	poration submits this statement for the nurnose	of changing its register	ed
office or re	egistered agent or both in the State o	if Florida. Such change was autho	onzed by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered	
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	MLat, P	RESIDENT DU/10	2/9/1	
SIGNATURE	\IIIC1_'	C 1711	TILE CLIFT, TI	~ =	// .J'J	
O.O.W.O.L.	Streature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signature require	ed when reinstating) DATE	/	.]
12.	Signature, typed or printed name of registered agent OFFICERS AND		nstered Agent signature require 13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	<u> </u>	2 .
			13.	ADDITIONS/CHANGES TO OFFICERS	<u> </u>	
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14. 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 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 α Block 13 if changed, or on an attachment with an address, with all other like empowered.