SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R STATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT STATE
Sandra B. Mort
Secretary of Sta
DIVISION OF CORPOR IONS

DOCUMENT # **P94000076180 (6)**

1. Corporation Name
LEOPOLD HOMES, INC.

Principal Place of Business	Mailing Address
~~1308 HOMESTEAD ROAD~~ LEHIGH ACRES FL 33936	~~1308 HOMESTEAD ROAD~~ LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0537255 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 302 LEE BLVD	26 P.O. BOX 311
22 Suite, Apt. #, etc. 104	27 Suite, Apt. #, etc.
23 City & State LEHIGH ACRES FL	28 City & State LEHIGH ACRES FL
24 Zip 33936 25 Country LEE	29 Zip 33970 30 Country LEE

9. Name and Address of Current Registered Agent

~~LEOPOLD, DANILO~~
~~1308 HOMESTEAD ROAD~~
~~LEHIGH ACRES FL 33936~~

10. Name and Address of New Registered Agent

81 Name: LEOPOLD DANILO
82 Street Address (P.O. Box Number is Not Acceptable)
83 302 LEE BLVD SUITE 104
84 City: LEHIGH ACRES **FL** 85 Zip Code: 33936

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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature is required where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHITTING, DIETMAR 11311 CAPISTRANO CT FT. MYERS BEACH FL 33931	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LEOPOLD MIRJANA 904 JEFFERSON AV. LEHIGH ACRES FL 33936 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEOPOLD, DANILO 1308 HOMESTEAD RD LEHIGH ACRES FL 33936	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danilo Leopold DANILO LEOPOLD 06.24.96 (941)369-2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #