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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076180 (6) LEOPOLD HOMES, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State



302 LEE BLVD SUITE 104 LEHIGH ACRES US	FL \$3936	P O BOX 311 LEHIGH ACRES US	LEHIGH ACRES FL 33970-0311				3. Date Incorporated or Qualified	3a. Da			eport	
								10/17/1994	07/0	1/19	96	
	lace of Busines	5	2a. Mailing A	ddress				4. FEI Number			Apı	plied For
21		26					65-0537255 Not Applicat					
Sulte, Apt.		27					5. Certificate of Status Desired	X	\$8.75 Additional Fee Regulred			
City & State	e	28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	25		Zip 29	····	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
		d Address of Curre	nt Registered Age	<u>nt</u>		~~1	r	10. Name and Address of New Re	gistered /	gent		
	POLD, DANIL()				81	Name					
SUIT	LEE BLVD E 104				82 83	Street Add	ss (P.O. Box Number is Not Acceptable)					
· Lehi	IGH ACRES F											
						84	City		FL	85	Zip (Code
SIGNATURE		printed name of registered as	gent and title if applicable.		11 . Hegistered			poration submits this statement for the partion's board of directors. I hereby acception is the properties of directors and when reinstaling)	DATE			
12.	T-K	OFFICERS AN	ND DIRECTORS	1-21-22	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	D Mirjana, Li	EODOLD		DELETE	1.1 717		ŀ			∐ Ch	ange	Addition
NAME	904 JEFFER				1.2 NA							
STREET ADDRESS : CITY-ST-ZIP	LEHIGH ACI				1.3 ST		ADDRESS					
TITLE	D			DELETE	21 1/1		01-20			Ch	ange	Addition
NAME	LEOPOLD, [DANILO			2 2 NA		Ì					
STREET ADDRESS	TREET ADDRESS 1308 HOMESTEAD RD						ADDRESS					
CITY-ST-ZIP	LEHIGH ACI	RES FL 33936			2.40(1Y-9	ST-ZIP					
TITLE			L	DELETE	3.1 1)[l f				☐ Ch	ange	Addition
NAME					3.2 NA							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE		·		DELETE	3.4. CI 4.1 TII		S1-ZIP			Ch	anne	Addition
NAME				, correct	4. 2 NA						ongo	ED / Idaille
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP					4.4 CI							
TITLE			L	DELETE	5.1 TII					Ch	ange	Addition
NAME					52 N A	ΜŁ						
STREET ADDRESS]				5.3 ST	RE (1	ADDRESS					
CITY-ST-ZIP				1 55.545	5.4 Ci1		31 - ZIP					ET TAX
TITLE			L] DELÉTE	6.17(1					[_] Ch	ange	Addition
NAME					6.2 NA		Innotes					
STREET ADDRESS	}				1		ADDRESS					
CITY-ST-ZIP	I				6.4 CI	1 Y - S	o I - ZIP'					

14. I do hereby certify that the information supplied with this filling 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.

Donate Barrell State Comment House

02.19-1997 (BU)269 220