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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PQ4000076180

| 1. Corporation Name LEOPOLD HOMES, INC. | 0070100 | | |
|---|--|---------------------------------------|--|
| Principal Place of Business | ice of Business Mailing Address | | |
| 4565 NORTH OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308 US | P O BOX 311 LEHIGH ACRES FL 33936 US | | |
| 00 | 00 | | 3. Date Inco |
| | | | 10/17/1 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Numb |
| 21 | 26 4565 N. OCE | FAN DR. | 65-0537 |
| Suite, Apt. #, etc. | 26 4565 N. OCE Suite, Apt. #, etc. 27 LAUSERDACE | BY THE SEN | 5. Certifcate |
| City & State | City & State | BROWARD | 6. Election C Trust Fun |
| Zip Country 24 25 | Zip 29 | Country 30 | 8. This corporate Personal |
| 9. Name and Address of Cur | rent Registered Agent | | 10. Name an |
| LEOPOLD, DANILO 302 LEE BLVD SUITE 104 LEHIGH ACRES FL 33936 | | 81 Name 82 Street Ad (V 6) 83 (AU) | dress (P.O. Box N N.O.C. J. EROJA (C |

May 05, 1999 8:00 am Secretary of State

05-05-1999 90226 022 ***158.75



| Principal Place | of Business | Mailing Address | | | |
|---|---|--|---|-----------------------------|--|
| 4565 NORTH O | CEAN DRIVE | P O BOX 311 | | | |
| LAUDERDALE B | Y THE SEA FL 33308 | LEHIGH ACRES FL 33936 | | | DO NOT WRITE IN THIS SPACE |
| US | | US | | | 3. Date Incorporated or Qualifed |
| | | | | | 1 |
| | | - 1 - 1 - 1 | | | 10/17/1994 4. FEI Number Applied For |
| 2. Principal Pla | ace of Business | 2a, Mailing Address | | | |
| 21 | 26 4565 N. OCEAN DR. | | 3 <i>0</i> C. | 65-0537255 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | e de | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| 27 LAUSERDALE BY THE & | | - 06 | | | |
| City & State | • | City & State | & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 30 | | | Personal Property Tax. Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Registered Agent |
| . = 0.5 | OLD DANIE O | | 81 | Name | |
| _ | POLD, DANILO | | 82 | Street | Address (P.O. Box Number is Not Acceptable) |
| | LEE BLVD | | 4565 N.OCEAN DR. | | |
| | E 104 | | 83 | 101 | ISERDALE BY THE SEA |
| LEHM | GH ACRES FL 33936 | | 0.4 | - | - 85 Zip-Code 2 |
| | | | 84 | City | FL " ~33300 |
| 11. Pursuant | o the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, t | he above | e-named | corporation submits this statement for the purpose of changing its registered |
| l ⊸office or re | egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was author | nzed by | tne corpo | pration's board of directors. I hereby accept the appointment as registered |
| agent. i ar | n familiar with, and accept the ooliga | alions of, Section 607.0000, Florida | Ciatates | • | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable (NOTE: Red | istered Ager | it signature r | equired when reinstating) DATE |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ↑ Change Addition |
| NAME | MIRJANA, LEOPOLD | | 1.2 NAME | | MIRJANA LEOPOLD MIRJANA LEOPOLD 4565 N.OCEAN DR. CAUDERBALE BY THE SEA FL 33308 |
| | 904 JEFFERSON AV | Ī | 1.3 STREET | ADDRESS | 4565 NOCEAN DR. 17 27702 |
| STREET ADDRESS | LEHIGH ACRES FL 33972 | | 1.4 CITY-S | | CAUDERDALE BY THE SEA TO 33100 |
| CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE | 1-21 | DANILO LEOPOLO USON N. OCEAN DR. 4565 N. OCEAN DR. 4565 P. DE ST. FL 33308 |
| TITLE | D DANIE | Z GEEC/E | 2.2 NAME | | DANILO LEOPOLA |
| NAME | LEOPOLD, DANILO | | | | USCIT ALDCEAN DR. |
| STREET ADDRESS | 904 JEFFERSON AVENUE | | | ADDRESS | LAUSERDALE BY THE SEA FL 33308 |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | - December | 2.4 CITY-5 | ST-ZIP | Change Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change C Addition |
| NAME | | | 3.2 NAME | | ļ |
| STREET ADDRESS | | | 3 3 STREE | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | T-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | ľ | 4.3 STREE | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | 1 | 5.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T- ZIP |] |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | - 1 | 6.2 NAME | | |
| 1 | | | 6.3 STREE | TADORESS | |
| STREET ADDRESS | | | 6.4 CITY-S | | (|
| CITY-ST-ZIP | | | J.7 OII 1 - 0 | | <u></u> |

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 or Block 13 it changed, or of an attachment with a address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**

03.07.99

CR2E034 (11/98)