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PROFIT CORPORATION ANNUAL' REPORT AL 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400078200 1. Corporation Name

L.E.S. GROUP, INC.

Principal Place of Busines	S
4220 JOES POIN RD STUART FL 34996	
STUART PL 34300	

Mailing Address

4220 JOES POINT RD STUART FL 34996

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90070 010 ***150.00



DO NOT WRITE IN THIS SPACE

22. Principal Place of Business 2a. Mailing Address 65-0530303 Not Acceptable) 25. Certificate of Status Desired Status Desired Fee Required For Status Desired Status Desired Fee Required Fee Require		•	00				3. Date Incorporated or Qualifed 10/21/1994			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Sit Name MCCARTHY, TERENCE P 2081 E. OCEAN BLVD. STE. 2-A STUART FL 34996 Tust Internation of Sections 807 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing the registered agent agent and ties if explicable. Signature Title City & State Sit Name Sit N	noinal Place o	of Pusiness	2a Mailing A	ddress				· ·	Applied	d For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Soute, Apt. #, etc. 27 Soute, Apt. #, etc. 27 Soute, Apt. #, etc. 28 State 28 City & State 28 City & State 28 City & State 28 Trust Fund Contribution Added to Added to 27 29 29 30 Trust Fund Contribution Added to Added to 27 29 Country 21 Country 21 Country 21 Country 21 Country 25 Suite, Apt. #, etc. 28 This contribution Added to 27 29 30 Trust Fund Contribution Added to 27 29 Suite Address of Current Registered Agent 10. Name and Address of New Registered Agent 28 Street Address (P.O. Box Number is Not Acceptable)	icipai riace o	Or Busiless	⊢	20,000			· ·	ŀ		plicable
City & State 28	te, Apt. #, etc	c.	Suite, Apt	. #, etc.		<u>. </u>			.75 Addi	tional
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Zip Country Zip Country Signature Signatur	/ & State		- }	ate				T .	dded to Fe	
9. Name and Address of Current Registered Agent MCCARTHY, TERENCE P 2081 E. OCEAN BLVD. STE. 2-A STUART FL 34996 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cot 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 spinuture required when reliabilities. SIGNATURE DATE DAT	Zip Country Zip C						·			No
MCCARTHY, TERENCE P 2881 E. OCEAN BLVD. STE. 2-A STUART FL 34996 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 re 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, 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, 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, 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, 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. SIGNATURE Signature, typed or printed name of registered agent and still 6 replicable. NOTE: Registered Agent signature required when reletating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME LEONARD OSTER 4220 JOSE POINT RD 12. STUART FL 34996 14. GITY-ST-ZPP TITLE 1. STUART FL 34996 14. GITY-ST-ZPP TITLE 1. STUART FL 34996 15. STREET ADDRESS 21. STREET ADDRESS 22. STREET ADDRESS 23. STREET ADDRESS 24. GITY-ST-ZPP TITLE 1. STUART FL 34996 1. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADDRESS 35. STREET ADDRESS 35. STREET ADDRESS 36. STREET ADDRESS 37. STREET ADDRESS 38. STREET ADDRESS 39. STREET ADDRESS 39. STREET ADDRESS 39. STREET ADDRESS 30.					' T			gistered Agent		
STUART FL 34996 ### City	MCCARTHY, TERENCE P						Address (P.O. Box Number is Not Acceptab	ole)		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					83		<u> </u>			
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 re 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 regisagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNA						City		FI 85	Zip Code	е .
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	fice or reaiste	tered agent, or both, in the State C	of Florida. Such ch	nange was auth	onzea by	tne corpo	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of chang	ing its reg t as registe	istered ered
12. OFFICERS AND DIRECTORS TITLE NAME LEONARD OSTER STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ATURE Signatu	_	t and title if applicable.	(NOTE: Re	gistered Ager	nt signature re	equired when reinstating)	DATE		
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indicated on this annual report or supplied with this litting does not quality for me exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational indicated on this annual report or suppliemental 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 truettee empowers 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, with prother like empowered.

SIGNATURE: