

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000081314 (4)

1. Corporation Name

LESLIE ANN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1088 DEES DRIVE  
OVIEDO FL 32765

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OVIEDO FL 32765

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3276407

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLEY, LESLIE ANN  
244 W. STORY RD.  
WINTER GARDEN FL 34787

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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: *Jessica A. Foley*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: FOLEY, LESLIE ANN  
STREET ADDRESS: 1088 DEES DRIVE  
CITY-ST-ZIP: OVIEDO FL 32765

TITLE: *mlr*  
NAME: *mlr*  
STREET ADDRESS: *mlr*  
CITY-ST-ZIP: *mlr*

TITLE: *mlr*  
NAME: *mlr*  
STREET ADDRESS: *mlr*  
CITY-ST-ZIP: *mlr*

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CITY-ST-ZIP: *mlr*

TITLE: *mlr*  
NAME: *mlr*  
STREET ADDRESS: *mlr*  
CITY-ST-ZIP: *mlr*

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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:

*Jessica A. Foley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (407) 654-0944  
Date Telephone #