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 # P9500003181

1. Corporation Name

JOSEPH J. LEBLANG, INC.

incipal Flace of Business	Mailing Address
5555 MEADOW WOOD DRIVE /EST PALM BEACH FL 33414	15555 MEADOW WOOD DRIVE WEST PALM BEACH FL :33414
Principal Place of Business	2a. Mailing Address
Cuita Ant H ata	Suite Ant # etc

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90040 015 ***150.00



DO NOT WRITE IN THIS SPACE

						I .	D	THOI WILLIE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
						(Date Incorporated 01/10/1995	or Qualifed				
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address	ss			4. FEI Number					Ap	lied For
21		26					<u>65-0552193 </u>					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.0	Certifcate of Status	Desired				dditional
22		27									e Re	
City & Stat	e	City & State				1	Electic₁n Campaign Trust Fund Contrib	_		,		May Be Fees
Zip	Country	Zip	Cou	intry		8. 7	This corporation ov	es the currer	it year Inta	ngjbie		
24	25	29	30			F	Personal Property	Гах.		Yes Yes		□No
	9. Name and Address of Curren	Registered Agent		l		10.	Name and Addres	s of New Re	gistered A	gent		
I L'DI	ANG IOSEDH I			81	Name							
LEBLANG, JOSEPH J 15555 MEADOW WOOD DRIVE WEST PALM BEACH FL 33414				82 Street Address (P.O. Bo (Number is Not Acceptable)								
				83								
				84	City				FL	85	Zip C	ode
44 Durausset	to the provisions of Sections 607.050.	2 and 607 1508 Florida Statu	tes the a	bove	-named o	ornoration	submits this staten	nent for the ni	urpose of c	⊥ L. :hangir	ng its	egistered
office or n	egistered agent, or both, in the State in familiar with, and a scept the obligation	of Florida. Such chande was :	authorized	J VO D	ine comor	ation's boa	ard of directors. I h	ereby accept	the appoin	tment	aš reç	istered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NO	E: Registered	d Agent	t signature rec	ired when rei	instating		DATE			
12.	OFFICERS AND DIRECTORS			13.		Al	DDITI DNS/CHANC	ES TO OFFI	CERS AN		-	
TITLE	P	☐ DELETE	11TI	TLE						Cha	ange	Addition
NAME	LEBLANG, JOSEPH J.		1.2 N	AME								
STREET ADDRESS	15555 MEADOW WOOD DRIVE		1.3 S	1.3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 C	ITY-ST	-ZiP							
TITLE		☐ DELETE	2.1 TI	TLE						Cha	ange	Addition
NAME			2.2 N	AME								
STREET ADDRESS			2.3 \$	TREET	ADDRESS							
CITY-ST-ZIP			2.40	HY-ST	T-ZIP							
TITLE		☐ DELETE	3.1 TI	m.e						Ch:	ange	☐ Addition
NAME			32 N	AME								
STREET ADDRESS			335	TREET	ADDRESS							
CITY-ST-ZIP			3.4. 0	ITY-ST	T-ZIP							
TITLE		☐ DELETE	4.1 79	TLE	1					Ch	ange	☐ Addition
NAME			4.21	AME								
STREET ADDRI SS			4.3 S	TREET	ADDRESS							
CITY-ST-ZIP			44C	ITY-ST	- ZIP							
TITLE		☐ DELETE	5.1 TI							☐ Ch	ange	☐ Addition
NAME			52 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				ITY-ST	-ZIP							
TITLE		☐ DELETE	6.1 T							☐ Ch	ange	Addition
NAME			6.2 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP	1		6.4 C	TY-ST	-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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, with all other like empowered.

SIGNATURE: