SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000012341 (0)

FILED Jul 08 1998 8:00am Secretary of State

L	ESS INTERNATIONAL, INC.	•			
Principal Plac	ce of Business	Mailing Address		A TODATIONA TIO (BIN) NOTICE DESIGNATION OF THE DESIGNATION OF THE PROPERTY OF	
449 S. ATLANTIC AVENUE COCOA BEACH FL 32831 US		449 S. ATLANTIC AVENUE COCOA BEACH FL 32931 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				02/14/1995	
⊢ ⊸,	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	or
21 Suite, Apt	# ala	26 Suite And if ata		59-3295365 Not Applic	
22	. #, OlG,	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	al
City & Sta	te	City & State			\dashv
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	'
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
	io, albert d		81 Name		f
	Brevard ave.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	-
SUN					
ROC	KLEDGE FL 32955		83		
			84 City	85 Zip Code	
11 Pureuse	t to the provisions of continue 607.06	02 and 607 4509 Florido Statut		FL 15 24 5000	
office or	registered agent, or both, in the Stat	te of Florida. Such change was	es, the above-hamed corporat authorized by the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	İ
agent. I	am familiar with, and accept the obli	gations of, section 607.0505, F	lorida Statutes.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or printed name of registered ag				
		ent and title if applicable (N	IOTE: Registered Anent signature cer	pulsed when reinstation) DATE	- !
12.		ent and title if applicable. (N. ND DIRECTORS	OTE: Registered Agent signature rec		12 8
12. TITLE		ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	——— ì
	OFFICERS A		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	I2
TITLE	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	——— ì
TITLE NAME	OFFICERS A D JAROV, VALENTINE V	ND DIRECTORS	13. 1.3 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	——— ì
TITLE NAME STREET ADDRESS	OFFICERS A D JAROV, VALENTINE V 449 S ATLANTIC AVE COCOA BEACH FL D	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Add	Sition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D JAROV, VALENTINE V 449 S ATLANTIC AVE COCOA BEACH FL D JAROVA, NINA A	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Add	——— ì
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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 of the receiver of 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 than yed, or on an attachment with an address.