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 # **P95000015049**1. Corporation Name

LEON TECHNOLOGIES, INC.

Principal Place of Busine
8300 N.W.: 46TH COURT
LAUDERHILL FL 33351

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90131 005 ***158.75



8300 N.W. 46TH LAUDERHILL FL US		8300 N.W. 46TH COURT LAUDERHILL FL 33351 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						02/22/19					
2. Principal Place of Business 2a. Mailing Address						4. FEI Numbe	er			Applied For	
21 10297 N.W. 53 STREET 26 10297 N.W.				<u>5 S</u>	TREET	65-0656	672		[_	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State SUNRISE FLORIDA			1	ampaign Financing Contribution			00 May Be led to Fees		
Zip 24 333	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax.					
2-1 - 0 -	9. Name and Address of Current						Address of New F	Registered A	gent		
				81	Name						
LEON, DAN 8300 N.W. 46TH COURT					Street Addre	ess (P.O. Box Nu	mber is Not Accepta	ible)			
LAUDERHILL FL 33351				83	·	<u> </u>					
				84	City			FL	85 ,2	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 all familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE											
SIGNATURE	Signature, typed or primed name of registered agent a	d Agent	PRESIT	d when reinstating)	<u> </u>	4-2°	7-9	7			
12.	OFFICERS AND		13.			ADDITIONS	/CHANGES TO OF	FICERS ANI			
TITLE	P	☐ DELETE	1.1 T	TTLE					Char	nge Addition	
NAME	LEON, DAN			AME							
STREET ADDRESS	8300 N.W. 46 COURT		1.3 S	TREET	ADDRESS) 	
CITY-ST-ZIP	LAUDERHILL FL		_	TRY-ST-	-ZIP	,				PT A delision	
TITLE	V	☐ DELETE	2.1 T	ITLE					☐ Char	nge 🗀 Addition	
NAME ,	LEON, LAUREN			AME							
STREET ADDRESS	8300 N.W. 46 COURT			TREET	ADORESS		~ ~.		· · ·		
CITY-ST-ZIP	SUNRISE FL		_	CITY-ST	Γ-ZIP						
TITLE .	-	☐ DELETE	7 3.1 ↑	ITLE	-		-	`	Char	nge _ []] Addition	
NAME			3.2 N								
STREET ADDRESS	•		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP			_	CITY-ST	-ZIP	****		<u>.</u>			
ΠΠLE		☐ DELETÉ	4.1 T		İ			•	Char	nge	
NAME			4.21	NAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			_	XTY-ST-	-ZIP						
TITLE		☐ DELETE	5.1 T		1				Char	nge 🗀 Addition	
NAME	•		5.2 N		-						
STREET ADDRESS	·				ADDRESS					İ	
CITY-ST-ZIP				XTY-ST-	-ZIP				rm a.		
TITLE		☐ DELETE	6.1 T				•		Char	nge	
NAME			6.2 N		}					ı	
ATREET BRRESS			6.3 S	TREET	ADDRESS						

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 if changed, or on an attachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: