## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000041942 (0)

| J P LEGER, INC.  Principal Place of Business Maling Address  7953 W MCNAB ROAD TAMARAC FL 33321  TAMARAC FL 33321  TAMARAC FL 33321                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                     |                                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                               | <ol> <li>Date incorporated or Qualified<br/>05/24/1995</li> </ol>                   | 3a. Date of Last R                                  | eport                                            |
| 2. Principal Plac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e of Business                                              | 2a. Mailing Address                                             |                                                                                                                                                                                                                                                                                                                                                                                               | 4. FEI Number                                                                       | <del></del>                                         | Applied For                                      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | 26                                                              |                                                                                                                                                                                                                                                                                                                                                                                               | . 65-058 9809                                                                       | ·                                                   | Not Applicable                                   |
| Suite, Apt. #,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . etc.                                                     | Suite, Apt. #, etc.                                             |                                                                                                                                                                                                                                                                                                                                                                                               | 5. Certificate of Status Desired                                                    | \$8.75                                              | Additional<br>Required                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | City & State                                                    |                                                                                                                                                                                                                                                                                                                                                                                               | 6. Election Campaign Financing                                                      | \$5.0                                               | O May Be                                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | 28                                                              | ı <u></u>                                                                                                                                                                                                                                                                                                                                                                                     | Trust Fund Contribution                                                             |                                                     | d to Fees                                        |
| Zip<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country 25                                                 | Ζιρ<br>[ <b>29</b> ]                                            | Country 30                                                                                                                                                                                                                                                                                                                                                                                    | 8. This corporation has liability fe                                                | r intangible tax under s<br>es □ No                 | 199.032,                                         |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9. Name and Address of Curre                               |                                                                 | 1001                                                                                                                                                                                                                                                                                                                                                                                          | 10. Name and Address of New                                                         |                                                     |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | · · · · · · · · · · · · · · · · · · ·                           | 81 Name                                                                                                                                                                                                                                                                                                                                                                                       | LANA LEGER                                                                          | <del></del>                                         |                                                  |
| 10211 W<br>SUITE 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | i & Smith, P.A.<br>I Sample Road<br>12<br>Springs FL 33065 |                                                                 | 82 Street Add                                                                                                                                                                                                                                                                                                                                                                                 | ress (P.O. Box Number is Not Agcepte<br>1953-67 W. Mc                               | NAD NO.                                             | p Code<br>∃32/                                   |
| or registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d agent, or both, in the State of Flo                      | onda. Such change was authorize:                                | s, the above named corpor<br>d by the corporation's boa                                                                                                                                                                                                                                                                                                                                       | ration submits this statement for the p<br>ard of directors. I hereby accept the ap | urpose of changing its r                            | registered office                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , and accept the obligations of, Sec                       | CN <b>AN</b> BOMENSON FRANCIS STATUTES                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                     | _                                                |
| SIGNATURE _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dearia Z                                                   | lege/                                                           | Deana                                                                                                                                                                                                                                                                                                                                                                                         | Leger                                                                               | 5/2/                                                | 96                                               |
| SIGNATUREs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | agnature, typed or printed name of registerer at           | nt and get an exception (NOTE                                   | Word<br>Registered Agent signature require                                                                                                                                                                                                                                                                                                                                                    | Liger                                                                               | 5/2/                                                | 96 N. 13                                         |
| SIGNATURE s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OFFICERS AI                                                | int and Jelf andicable (NOTE<br>ND DIRECTORS                    | T 13.                                                                                                                                                                                                                                                                                                                                                                                         | ADUITIONS/CHANGES TO OF                                                             | FICERS AND DIRECTO                                  |                                                  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICERS AI                                                | nt and get an exception (NOTE                                   | 13.<br>1. 1 TITLE                                                                                                                                                                                                                                                                                                                                                                             | Director, owner                                                                     | FICERS AND DIRECTO                                  | PS IN 12                                         |
| SIGNATURE SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OFFICERS AI                                                | int and Jelf andicable (NOTE<br>ND DIRECTORS                    | 13.<br>1. 1 TITLE                                                                                                                                                                                                                                                                                                                                                                             | Director, owner                                                                     | FICERS AND DIRECTO                                  |                                                  |
| SIGNATURE S  12.  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OFFICERS AT<br>D<br>LEGER, JEAN P                          | int and Jelf andicable (NOTE<br>ND DIRECTORS                    | 13.<br>1. 1 TITLE                                                                                                                                                                                                                                                                                                                                                                             | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO                                  |                                                  |
| SIGNATURE SITUAL SIGNATURE  TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | int and Jelf andicable (NOTE<br>ND DIRECTORS                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                     | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO                                  |                                                  |
| SIGNATURE SITUAL SIGNATURE  TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | nt and Jelf Brisineable (NOTE<br>ND DIRECTORS<br>AT DELETE      | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SU-ZIP                                                                                                                                                                                                                                                                                                                                      | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>Rd<br>33321         | Addition                                         |
| SIGNATURE ST 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | nt and Jelf Brisineable (NOTE<br>ND DIRECTORS<br>AT DELETE      | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE                                                                                                                                                                                                                                                                                                                          | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>Rd<br>33321         | ☐ Addition                                       |
| SIGNATURE SITURE SITURE NAME STREET ADDRESS CITY-SI-ZIP TITUE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and for the sendable (NOTE)  ND DIRECTORS  A DELETE  DELETE | 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY- ST- ZIP                                                                                                                                                                                                                                                                            | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>たる<br>ラココン   Change | Addition  Addition                               |
| SIGNATURE STILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | nt and Jelf Brisineable (NOTE<br>ND DIRECTORS<br>AT DELETE      | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3 1 TITLE                                                                                                                                                                                                                                                                         | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>Rd<br>33321         | Addition                                         |
| SIGNATURE  STATE STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and for the sendable (NOTE)  ND DIRECTORS  A DELETE  DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3 1 TITLE 32 NAME                                                                                                                                                                                                                                                                 | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>たる<br>ラココン   Change | Addition  Addition                               |
| SIGNATURE STILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and for the sendable (NOTE)  ND DIRECTORS  A DELETE  DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS                                                                                                                                                                                                                                           | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>たる<br>ラココン   Change | Addition  Addition                               |
| SIGNATURE  STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and Self Bright Cable (NOTE)  NO DIRECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP                                                                                                                                                                                                                               | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Rd 333>  Change          | Addition  Addition                               |
| SIGNATURE STATE STATE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and for the sendable (NOTE)  ND DIRECTORS  A DELETE  DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE                                                                                                                                                                                                                  | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO<br>Change<br>たる<br>ラココン   Change | Addition  Addition                               |
| SIGNATURE  STEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and Self Bright Cable (NOTE)  NO DIRECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP                                                                                                                                                                                                                               | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Rd 333>  Change          | Addition  Addition                               |
| SIGNATURE  STATE S | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and Self Bright Cable (NOTE)  NO DIRECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME                                                                                                                                                                                                      | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Rd 333>  Change          | Addition  Addition                               |
| SIGNATURE  STEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | Int and Self Bright Cable (NOTE)  NO DIRECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SU-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS                                                                                                                                                                                   | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Rd 333>  Change          | Addition  Addition                               |
| SIGNATURE  SITURE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP                                                                                                                                                                   | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change           | Addition  Addition  Addition                     |
| SIGNATURE  SITUS  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SU-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE                                                                                                                                                         | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change           | Addition  Addition  Addition                     |
| SIGNATURE  SITURE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE  DELETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SU-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME                                                                                                                                                | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change  Change   | Addition  Addition  Addition  Addition  Addition |
| SIGNATURE  SITURE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                                                                                                                             | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change           | Addition  Addition  Addition                     |
| SIGNATURE  SITUS  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE  DELETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SU-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change  Change   | Addition  Addition  Addition  Addition  Addition |
| SIGNATURE  SIGNATURE  SIZE  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AF<br>D<br>LEGER, JEAN P<br>5190 LAKE LOOP DRIVE  | IND DIRECTORS  AT DELETE  DELETE  DELETE  DELETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE                                                           | Director, Owner<br>DIANA Leger<br>1953-6W. HONAD                                    | FICERS AND DIRECTO Change  Change  Change  Change   | Addition  Addition  Addition  Addition  Addition |

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