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

P95000045553 (1) **DOCUMENT #**

LEPRECHAUN SERVICES, INC.

Mailing Address Principal Place of Business 7624 ORANGE TREE LANE



ORLANDO F	SE THEE LANE L		ORLANDO FL									
								Date Incorporated or Qualified 06/07/1995	d 3a. Date	of Las		
2. Principal Place of Business			2a. Mailing Address			4.	FEI Number		ļ	Applied For		
21		26					<u> </u>				Not Applicable	
Suite, Apt. #	, etc.	27	Suite, Apt #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		28	City & State					Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country		Ζιρ	Coun	try		8.	This corporation has liability f	or intangible ta	ix unde	ar s 1 99.032.	
24	25	29		30					es 🔲 No			
	9. Name and Address of Cur	rent Regist	ered Agent		r		10.	Name and Address of Nev	Registered	Agent		
				'	B1	Name						
HANS.	KAMALJIT C			ļ.	B 2	Street Ad	ddress (P	O. Box Number is Not Accep	table)			
	RANGE TREE LANE			L								
ORLAN	DO FL			1	83							
				ļ.	84	City				85	Zip Code	
	o the provisions of Sections 607.0			ĺ		,			FL		ļ	
SIGNATURE	n, and accept the obligations of, S Signative Typed or product make of registers La				Δ.:η	i signatare rec	arrest when t	entertialnes)	EA1			
12.	OFFICERS			13.				ADDITIONS/CHANGES TO C	FFICERS AND			
TITLE			☐ DELETE	1. 1 [5]	LE	1	4,4		[Cha	inge 🔼 Addition	
NAME				1.2 NA	Mξ	4	ند که ۱	ANT HANS				
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CITY-ST-ZIP				14 (1)	Y - S				2819			
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CITY-ST-ZIP			Driets			ST-ZIP				Cha	ange	
TITLE			☐ DELETE	6 1 (1							Pige Addition	
NAME				62 NA								
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CITY - ST - ZIP				6.4.01	1Y - S	ST-ZIF						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chanced, or on an all actiment with an address.

SIGNATURE:

NT PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)