

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **PG5000064281**  
 1. Corporation Name  
**Jacques LEUBA, Inc.**

**FILED**  
 99 MAR 24 PM 1:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**237 Sykes Point Lane 237 Sykes Point Lane**  
**Merritt Island Merritt Island**  
**FL, 32953 FL, 32953**

21	22	23	24	25	26	27	28	29	30
Principal Place of Business	2a. Mailing Address	Suite, Apt. #, etc.	City & State	Zip	Suite, Apt. #, etc.	City & State	Zip	Country	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **8.21.95**

4. FEI Number **59-3333219** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**Elizane ROOKSBERRY**  
**2135 N. COURTWAY # E235**  
**Merritt Island**  
**FL, 32953**

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)	City	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **02-08-1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>LEUBA Jacques</b> <input type="checkbox"/> DELETE	11 TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>1436 CHAMBLON</b>	12 NAME	<b>700002827147-9</b>
STREET ADDRESS	<b>SWITZERLAND (DIRECTOR)</b>	13 STREET ADDRESS	<b>-04/01/99--01100--024</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<b>N/A</b> <input type="checkbox"/> DELETE	21 TITLE	<b>N/A</b>
NAME	<b>N/A</b>	22 NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>	23 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>	24 CITY-ST-ZIP	<b>N/A</b>
TITLE	<b>N/A</b> <input type="checkbox"/> DELETE	31 TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>N/A</b>	32 NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>	33 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>	34 CITY-ST-ZIP	<b>N/A</b>
TITLE	<b>N/A</b> <input type="checkbox"/> DELETE	41 TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>N/A</b>	42 NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>	43 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>	44 CITY-ST-ZIP	<b>N/A</b>
TITLE	<b>N/A</b> <input type="checkbox"/> DELETE	51 TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>N/A</b>	52 NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>	53 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>	54 CITY-ST-ZIP	<b>N/A</b>
TITLE	<b>N/A</b> <input type="checkbox"/> DELETE	61 TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>N/A</b>	62 NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>	63 STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>	64 CITY-ST-ZIP	<b>N/A</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-08-1999**

CR2E034 (11/98)

*[Handwritten]*  
 3/24/99