PROFIT* CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000074977

. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90081 011 ***150.00

LEZA-LO	ockwood internation/	AL, INC.				
Principal Plac	e of Business	Mailing Address	<u> </u>	Lindinder im imial ditti dette abin da	sut Absti iadri actra cum d	EBII IERI IOCI
1 LEZA DR.		1 Leza dr.				
SEBRING FL 30	3870	SEBRING FL 33870		DO NOT WRITE II	N THIS SPACE	
us		us		3. Date Incorporated or Qualifed	THIS BEACE	
				09/28/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0617751	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	**_ *8.75 A	
22		27			Fee Rec	
City & State	e	City & State		6. Etection Campaign Financing	\$5.00	- 1
23				Trust Fund Contribution	Added to	o Fetes
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible `` ☐ Yes	XINO
24	[25]	[29]	30	Personal Property Tax. 10. Name and Address of New Regi		<u> </u>
	9. Name and Address of Curr	ent vedismed våent	81 Name	/}		
HUN	iter, John			THILLIP COCKWOOD		
	ZA DR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	•	
1	RING FL 33870		83	1 (4/4 00) 4		
				·		
			84 City	ENORING-	FL 85 型	908 7
11. Pursuant office or ragent. I a	(16 / 1/2)	W/		rporation submits this statement for the pur tion's board of directors. I hereby accept the		
SIGNATURE	Signature, typed or printed harne of fegistered a	igent and title if applicable (NOT	TE: Registered Agent signature requi	ired when reinstating)	DATE	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is Irue 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 coporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TWEED OF DESIGNATION WALLS OF BUCKING OFFICER OF DIRECTO

1/19/99 (941)655-4242