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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081302 (8)							
LAKEHEAD USA, INC.							
		•					
Principal Plac	e of Business	Mailing Address				HARM BOND TODA 1004	
% STEVE LENOFF, LENOFF, 8 LENOFF, P.A. % STEVE LENOFF, LENOFF, 8 LENOFF, P.A.				F. P.A.			
1761 WEST HILLSBORO BLVD., SUIE 405 1761 WEST HILLSBORO BLVD., SUIE					DO NOT WRITE IN THIS SPACE	F	
DESHIELD B	ERUN 11 33992	DEERFIELD BEACH FL 33	447		3. Date Incorporated or Qualified		
<u></u>					10/23/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21					13-3754787	Not Applicable  75 Additional	
22					1 & Continuate of Status Desired 1 1 1 1 1	Fee Required	
City & State City & State					6. Election Campaign Financing \$	5.00 May Be	
23 Zip	0	28	0			dded to Fees	
Zip	Country 25	Z <sub>1</sub> p	Country 30	′	This corporation owes or has paid the current y     Personal Property Tax due June 30.    Yes		
	9. Name and Address of Curren				10. Name and Address of New Registered Agent		
LEI	NOFF, STEVEN ESQ.		81	Name			
1761 W. HILLSBORO BLVD.				Street	eet Address (P.O. Box Number is Not Acceptable)		
SUITE 405				ļ			
DEERFIELD BEACH FL 33442							
			84	City	FL <sup>85</sup>	Ziρ Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above				e-named		ging its registered	
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, typed or printed name of registered agric	and tilled exclusive	. Daniste 4 A	nnt aig	e required when reinstating) DATE		
12.	OFFICERS AND		13.	orit signature	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
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NAME						18	
STREET ADDRESS			1.3 STREET			إيّا	
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 33442	DELETE	1.4 CITY - S	T-ZIP	Director President	hange X Addition	
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NAME		[_] Deterit	6.2 NAME			-marke Tayoniting	
CTREET ATTORECE				ANDROC			