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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083000

LEPAGE ENTERPRISES, INC.

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90011 012 ***150.00



<u> </u>						DOLD) (BIBB JILIR BBJ)) BBY(BBJ) XBBI
Principal Plac	ce of Business	Mailing Address				
545 WATERSIDE DRIVE 545 WATERSIDE DRIVE						
HYPOLUXO FL 33462 HYPOLUXO FL 33462					DO NOT WRITE IN THIS SPACE	
						THIS SPACE
					3. Date Incorporated or Qualifed	
					10/26/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0620066	Not Applicable
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			<u> </u>	\$8.75 Additional
22		27		•	5. Certifcate of Status Desired	Fee Required
City & Sta	ato ·	City & State			C Florian Compaign Financiae	\$5.00 May Be
—	ile	<u> </u>			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23		28	Count			
Zip	Country	Zip	r 	шу	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Curr				10. Name and Address of New Registe	ered Agent
		LOXXIII E E	18	31 Name	•	.
LEPAGE, DIANE, SEP 545 WATERSIDE DRIVE			1	32 Street Addr	dress (P.O. Box Number is Not Acceptable)	
			1	Street Addi	ess (1.0. box Number is Not Acceptable)	
HYI	POLUXO FL 33462		18	33	THE STATE OF THE S	the section section and
					(27) 海南阳阳极海南阳	
•			8	34 City	लंदर करूर १ वर्गने प्रतिकृति है वर्गने वर्गने	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	502 and 607.1508, Florida Stati	ites, the abo	ove-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	nonintment as registered
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statut	es.	on a bound of an octors. I hereby accept the a	ppointailem as regionales
•		<u>.</u>			•	
CACALATURE						
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NO)	E: Registered A	gent signature require	d when reinstating) $j \in \mathbb{Z}^2$, OAT	E
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered A	gent signature require	d when reinstating) [, s ⊕ P DAT ADDITIONS/CHANGES TO OFFICER:	
12.	Signature, typed or printed name of registered at OFFICERS A				ADDITIONS/CHANGES TO OFFICER	
12. TILE	Signature, typed or printed name of registered at OFFICERS A	AND DIRECTORS	13. 1.1 TiTU	E	57 . 7 . West	S AND DIRECTORS IN 12
12. ΠΙΣΕ NAME	Signature, typed or printed name of registered as OFFICERS AD LEPAGE, DIANE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAM	E E	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
12. TILE	Signature, typed or printed name of registered at OFFICERS A D LEPAGE, DIANE 545 WATERSIDE DRIVE	AND DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	E E EET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
12. ΠΙΣΕ NAME	Signature, typed or printed name of registered as OFFICERS AD LEPAGE, DIANE	AND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	E E EET ADDRESS - ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
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14. 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 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

January 80, 99 561 586-0504