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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500089071 (1)

FILED Apr 27 1998 8:00am Secretary of State

	Y LEFFEL, INC.				
Principal Place	of Business	Mailing Address	1. 000	n jamailaden him fande hinst daste de its entit antel	(8510 1811) 60116 (800(810) (89)
9760 W TERRY ST 9760 W TERRY ST 9760 W TERRY ST 900 HTML SPRINGS FL 33923 BONITA SPRINGS FL 33923			23		
	·	• • • • • • • • • • • • • • • • • • • •		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
B. Dringing Die	and Division of	Tarana and		11/20/1995	
2. Principal Place of Business 2a. Mailing Ac 2b.		2a. Mailing Address		4. FEt Number 65-0622353	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip			6	Trust Fund Contribution	Added to Fees
24	<u> </u>	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register.	Yes No
LEC		on riogistores rigoni	81 Name	to, Hame and Address of New Hegister	en Whelit
LEFFEL, R. LARRY 9760 W TERRY ST					
BONITA SPRINGS FL 33923			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
l pou	iria ofningo el 33923		83		
1			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au			es the above-named corr	poration submits this statement for the nurnes	e of changing its registered
office or re	gistered agent, or both, in the Stat 1 familiar with, and accept the obli	e of Florida. Such change was a	authorized by the corporat	tion's board of directors. I hereby accept the	appointment as registered
1	Tramilar with, and accept the obli	gations of, Section 607.0505, Fig	onda Statules.		•
SIGNATURE 5	Signature, typed or printed name of registered as	gent and little if applicable (NOTI	E Registered Agent signature requi	red when reinstating) DAT	
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEFFEL, R. LARRY		1.2 NAME		
STREET ADDRESS	9760 W TERRY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	LEFFEL , LINDA L		2.2 NAME		
STREET ADDRESS	9760 W TERRY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2. 4 CITY - S2 - ZIP		
TITLE	TS	☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME	LEFFEL, RONALD LEIGH		3.2 NAME		
STREET ADDRESS	10119 SANDY HOLLOW LN	# 707	3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	······································	3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELET É	5.4 CITY-ST-ZIP		Change 1 4 4201
TITLE		∟ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 City-St-ZiP		

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 of 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 go an attachment with an address.

CICMATURE.

1 There Island

4-16-98

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