

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

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

03-02-1999 90114 044 ***150.00

DOCUMENT # P95000092496

1. Corporation Name
LEFTARM CORP.



Principal Place of Business
**19 N DEL PRADO BLVD SUITE 1
CAPE CORAL FL 33909**
**1408 HUNTDAL ST
LEHIGH ACRES, FL 33936**

Mailing Address
**19 N DEL PRADO BLVD SUITE 1
CAPE CORAL FL 33909**
**1408 HUNTDAL ST
LEHIGH ACRES, FL 33936**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1408 HUNTDAL ST
Suite, Apt. #, etc.
22
City & State
23 LEHIGH ACRES, FL
Zip Country
24 33936 25

2a. Mailing Address
26 1408 HUNTDAL ST
Suite, Apt. #, etc.
27
City & State
28 LEHIGH ACRES, FL
Zip Country
29 33936 30

3. Date Incorporated or Qualified
12/04/1995

4. FEI Number
59-3360842 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

9. Name and Address of Current Registered Agent

**BUCHOLTZ, MARK E
19 N DEL PRADO BLVD SUITE 1
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BUCHOLTZ, FREDERICK H	7235 BIRCHVIEW DR	RAVENNA OH 44266	<input type="checkbox"/>
D	BUCHOLTZ, ARLYNNE B	7235 BIRCHVIEW DR	RAVENNA OH 44266	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1408 HUNTDAL ST	LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1408 HUNTDAL ST	LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)