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

DOCUMENT # 1. Corporation Name

P96000014813 (5)

FILED Jun 19, 1999 8:00 am Secretary of State

06-19-1999 90003 021 ***550.00

DO NOT WRITE IN THIS SPACE

LEATHER	R,	SPHR	2	WPR	INC
LEAIRER	œ	STUR	حد	WID,	\mathbf{IINC}

Principal Place of Business

5004 SOUTH DIXIE HIGHWAY W PALM BEACH, FL 33405

Mailing Address

5004 SOUTH DIXIE HIGHWAY W. PALM BEACH, FL 33405

				3. Date Incorporated or Qualifed 02/16/1996	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
7		26		65-0647937	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
 		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
! 	25		30	1	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered A	gent
PAX	MAN, JOHN T ESQ		81 Name O	iffield Louis	
	ORTH FLAGLER DR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E 1450		732		
— -	ALM BEACH FL 3340	1	83	7	
** **	ENIBERCII IL 5540	•			
			84 City	ke Worth FL	85 Zip Code 33467
1. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s the shows remed som	position authorite this state and facility according	
OHICE OF IEC	instered adent. Or both, in the Sta	ite of Florida. Such change was au igations of, Section 607.0505, Flori	ITROOTED BY THE COMPACED	on's board of directors. I hereby accept the appoin	tment as registered
	the same of the sa		1 1		100
SINATURE S	gnature, typed or printed game of registered :	agent and title if applicable. (NOTE:	Registered Agent signature require	id when reinstating) DATE	/7/
2,	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
LE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
	ROSA, JAMES		1.2 NAME		
	5004 S. DIXIE HIGH	IWAY	1.3 STREET ADDRESS		
\$ 7.20	W PALM BEACH, I	FL 33405	1.4 CITY-ST-ZIP		
ILE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
-			22 NAME		
ADDRESS			2.3 STREET ADDRESS		
ST ZIP			2.4 CITY-ST-ZIP		
		☐ DELETE	3.1 TITLE		Change Addition
·	÷ •		32 NAME		
:_: ADDRESS			3 3 STREET ADDRESS		
· · · ST-ZIP			34, CITY-ST-ZIP		
		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
· <u>=</u>			4. 2 NAME		_ , _
7551 AUDHLSS			4 3 STREET ADDRESS		
-ST-ZIP		•	44 CITY - ST-ZIP		
		☐ DELETE	5.1 TITLE	·	☐ Change ☐ Addition
=			5.2 NAME		_ · _
"LOI ADDRESS			53 STREET ADDRESS		
- \$T-Z!P	•		54 CITY-ST-ZIP		
- 1		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
=			62 NAME		_ ,
"LL: ADDINESS			6 3 STREET ADDRESS		
ST-719			64 CITY, ST, 7IP		

. 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.

HGNATURE:

Daytime Phone #

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