


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90148 009 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000019080

1. Corporation Name
LEK-COMP, INC.



| | |
|--|--|
| Principal Place of Business 12788 GILLARD RD. WINTER GARDEN FL 34787 | Mailing Address 12788 GILLARD RD. WINTER GARDEN FL 34787 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|---|--|---|--|--|--|-----------------------------|--|--|--|
| 2. Principal Place of Business 21 12270 W. Colonial Dr. Suite, Apt. #, etc. 22 Suite # 110 City & State 23 Winter Garden, FL. Zip 24 34787 Country 25 U.S.A | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 02/28/1996 | | 4. FEI Number 59-3370258 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

LOWE, LINDA
12788 GILLARD RD.
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, COREY | 1.2 NAME | |
| STREET ADDRESS | 12788 GILLARD RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, LINDA | 2.2 NAME | |
| STREET ADDRESS | 12788 GILLARD RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, LINELL | 3.2 NAME | |
| STREET ADDRESS | 12788 GILLARD RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, CHAD | 4.2 NAME | |
| STREET ADDRESS | 1064 CHELSEA PARC CR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 4.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, COREY | 5.2 NAME | |
| STREET ADDRESS | 6107 CHANTRY ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32835 | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, WADE | 6.2 NAME | |
| STREET ADDRESS | 12788 GILLARD RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | 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 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 REQUIRED COREY LOWE

4/19/99

(407)877-6597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)