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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020378 (1)

LECS, INC. Principal Place of Business Mailing Address 1661 SOUTHWEST 72ND AVENUE 1661 SOUTHWEST 72ND AVENUE PLANTATION FL 33317-5034 PLANTATION FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WARRICK, G P **4360 PETERS ROAD** Street Address (P.O. Box Number is Not Acceptable) **B2** FORT LAUDERDALE FL 33317 83 R4 City 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 ugent 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 the accept the supposition of the state of Florida Statutes. fered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 96/6) Change Addition 'n DELETE THUE 1.1 TITLE KILLAM, GARY A 1.2 NAME 1661 SOUTHWEST 72ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY - ST - ZIP 14 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE THE KILLAM, DEBERA A 2.2 NAME NAME 1681 SOUTHWEST 72ND AVENUE 2.3 STREET ADDRESS STREET ADORESS PLANTATION FL 33317 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY ST ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TO LE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C(1)Y - S1 - Z(P DELETE Change Addition 5.1 TITLE THEF 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-7IP DELETE Addition Change TITLE 6.1 T/TLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SE-7/P 6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filling 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 changing, or on an attachment with an addresse. 1 18 ANY A KILLAM 4-27-97

FILED

May 06 1997 8:00am

Secretary of State

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