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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham

FILED

Aug 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P96000022257 (5)

LENO MOTIVATIONAL, INC.

Principal Place of Business Mailing Address							AAN OONO NGOO NO		
4018 S.W. 27TH COURT 4018 S.W. 27TH COURT CAPE CORAL FL 33914 CAPE CORAL FL 33914						DO NOT WRITE IN THI S S PACE			
						3. Date Incorporated or Qualified		-	
B Dringing 10				· · · · · · · · · · · · · · · · · · ·		03/12/1996	····		
⊢	Principal Place of Business 2a. Mailing Address					4. FEI Number			plied For
Suite Ant						65-0655433			t Applicable
22						5. Certificate of Status Desired	□ \$	1 8.75 A Fee Re	Additional equired
—	City & State					6. Election Campaign Financing		\$5.00	
23				ountry		Trust Fund Contribution LJ Added to Fees			
24	25 29 30			.0011119	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre				10. Name and Address of New Ro			3 140	
LENO, NICHOLAS M									
4018 \$O UTH WEST 278TH COURT					Ctroot Addra	OC (D.O. Boy Number is Not Assessed	S. L. N		
CAPE CORAL FL 33914					Sireet Addre	ess (P.O. Box Number is Not Accepta	ые) ————————————————————————————————————		
,				83					
				84	City		FL 8	5 Zip C	Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						pration submits this statement for the pon's board of directors. I hereby acce	purposo of obo	inging Its ment as i	s registered registered
SIGNATURE									
	Signature, typed or printed name of registered as	gent and title if applicable			nt signature require		DATE		
12.	D OFFICERS AF		DELETE 1.1	TITLE		ADDITIONS/CHANGES TO OFFI		RECTORS Change	S IN 12 Addition
NAME	LENO, NICHOLAS M	L		NAME			L	unange	□ Modition
STREET ADDRESS	4018 S.W. 27TH COURT				ADDRESS				
City-St-Zip	ÇAPE CORAL FL 33914								
THLE	D			CITY-S	1-212	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	ASUA FARRIER		2.2 NAME				Onlange	F. J. HOUMON	
STREET ADDRESS	4018 S.W. 27TH COURT				ADDRESS				l
CITY-ST-ZIP	CAPE CORAL FL 33914			4 CITY - S					j
TITLE				TITLE	11-21		-	Change	☐ Addition
NAME				NAME				o no ngo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				L CITY-S					
TITLE			0.01.045	TITLE				Change	Addition
NAME			4. 2	2 NAME			-	·	_
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-71P				CITY-SI					
TITLE				TITLE				Change	Addition
NAME				NAME				-	Ī
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP				CITY-ST					
TITLE				TITLE				Change	Addition
NAME			6.2	NAME				,	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-SI					

14. Thereby 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 occurrent 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 a defress.