

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90272 002 ***150.00

DOCUMENT #

1. Corporation Name

P96000022257 (5) ✓

LENO MOTIVATIONAL, INC.

Principal Place of Business

Mailing Address

1921 SOUTH WEST 51ST STREET
CAPE CORAL, FL 33914

1921 SOUTH WEST 51ST STREET
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/99

4. FEI Number

65-0655433

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

2. Principal Place of Business

21 577 SW 52nd Street

Suite, Apt. #, etc.

22 City & State

23 Cape Coral, FL

Zip Country

24 33914

25

2a. Mailing Address

26 577 SW 52nd Street

Suite, Apt. #, etc.

27 City & State

28 Cape Coral, FL

Zip Country

29 33914

30

9. Name and Address of Current Registered Agent

LENO, NICHOLAS M
1921 SOUTH WEST 51ST STREET
CAPE CORAL, FL 33914

10. Name and Address of New Registered Agent

81 Name
Nicholas M. Leno

82 Street Address (P.O. Box Number is Not Acceptable)
577 SW 52nd Street

83

84 CityCape Coral

FL

85 Zip Code
33914

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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LENO, NICHOLAS M

STREET ADDRESS 1921 SOUTH WEST 51ST STREET

CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D ☐ DELETE

NAME LENO, ESTELLE

STREET ADDRESS 1921 AOUTH WEST 51ST STREET

CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 577 SW 52nd Street

1.4 CITY-ST-ZIP Cape Coral, FL 33914

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 577 SW 52nd Street

2.4 CITY-ST-ZIP Cape Coral, FL 33914

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)