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

PROFIT CORPORATION ANNUAL REPORT

1999

LEIGHTON, PAUL

22352 COLLINGTON DR BOCA RATON FL 33428



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

04-21-1999 90178 004 \*\*\*150.00

DOCUMENT # P96000  1. Corporation Name  LEIGHTON INVESTMENTS, INC.	0025782	
Principal Place of Business	Mailing Address	T SOURTHORN THE CONTROL DISTROPHENCE OF THE STREET OF THE
22352 COLLINGTON DR BOCA RATON FL 33428	22352 COLLINGTON DR BOCA RATON FL 33428	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 03/19/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
et	26	65-0667365 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax.   Yes   No
9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

82

83

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE ☐ Change ☐ Addition 1.1 TITLE LEIGHTON, PAUL NAME 1.2 NAME 22352 COLLINGTON DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME LEIGHTON, PAUL 2.2 NAME 22352 COLLINGTON DRIVE 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP **BOCA RATON FL** 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LEIGHTON, PAUL NAME 3.2 NAME 22352 COLLINGTON DRIVE 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE LEIGHTON, PAUL NAME 4.2 NAME STREET ADDRESS 22352 COLLINGTON DRIVE 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIF 4.4 CITY+ST-ZIP □ DELETE TITLE 5.1 TITLE [ ] Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP . DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATORE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/19/99 561-487-4967