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

DOCUMENT # P96000033109

Corporation Name

| LEA NO | vgrad, p.a. | | | 1 | |
|--|---|--|--|--|---|
| | | | | LI TREATMENT HAVE BOUND BOOK IN THE STATE OF | AGENA LEPRA LERRA LIBER ABREA INCL. 1861 |
| | | | | | |
| Principal Place | e of Rusiness | Mailing Address | | | B 0100 1476 0 14101 17811 06410 1914 7684 |
| • | | • | | | |
| 293 FERN PALM RD BOCA RATON FL 33432 BOCA RATON FL 33432 | | | | | |
| US | FE 33432 | US US | | DO NOT WRITE IN | THIS SPACE |
| 00 | | 55 | | 3. Date Incorporated or Qualifed | |
| | | | | 04/16/1996 | ` } |
| 2 Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | lace of Dualifiess | | | 65-0667633 | Not Applicable |
| Suite, Apt. | # | 26 Suite, Apt. #, etc. | | 03-000/033 | \$8.75 Additional |
| | #, etc. | — | | 5. Certifcate of Status Desired | Fee Required |
| 22 | | 27 | | | |
| City & Stat | ie | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | r Intangible |
| 24 | 25 | | 30 | Personal Property Tax. | ☐ Yes 🗖 🗐 o |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Registe | red Agent |
| 1101 | MAIN IPA | · | 81 Name | | |
| | GRAD, LEA | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 293 FERN PALM RD | | 0.0007.00 | Street Address (r.O. Box Humber is Not Acceptable) | | |
| BOC | A RATON FL 33432 | | 83 | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 植物 生产性 经销售信贷 |
| | | | | <u> </u> | विकारी में कि को है। इस दें कि विकार |
| | | | 84 City | | FL 85 Zip Code |
| | , | | | | |
| 44 Duramant | | EAR and EAR 1508 Florida Statuto | | acration elibrate this statement for the hillings | |
| Pursuant office or r | to the provisions of Sections 607.05 registered agent, or both, in the Stat | 502 and 607.1508, Florida Statute te of Florida. Such change was au | s, the above-named corporation | poration submits this statement for the purposion's board of directors. I hereby accept the a | ppointment as registered |
| 11. Pursuant office or ragent. La | to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig | 502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0505, Flor | s, the above-named corporation in the corporation is a statutes. | poration submits this statement for the purpos on's board of directors. I hereby accept the a | ppointment as registered |
| 11. Pursuant office or r agent. I a SIGNATURE | im familiar with, and accept the obliq | gations of, Section 607.0505, Flor | da Statutes. | | |
| signature | m familiar with, and accept the oblig Signature, typed or printed name of registered as | gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: | Ida Statutes. Registered Agent signature require | ad when reinstating) DAT | E |
| agent. I a SIGNATURE 12. | Signature, typed or printed name of registered at OFFICERS A | gations of, Section 607.0505, Floringert and title if applicable. (NOTE: AND DIRECTORS | da Statutes. Registered Agent signature require | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name of registered at OFFICERS A | gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: | Registered Agent signature require 13. 1.1 TITLE | ad when reinstating) DAT | E |
| agent. I a SIGNATURE 12. | Signature, typed or printed name of registered as OFFICERS A D NOVGRAD, LEA | gations of, Section 607.0505, Floringert and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gations of, Section 607.0505, Floringert and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS A D NOVGRAD, LEA | gartions of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gations of, Section 607.0505, Floringert and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gartions of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gartions of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP 2.1 TITLE | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gartions of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gartions of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | E S AND DIRECTORS IN 12 Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition |
| Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | ### Add Statutes. Registered Agent signature require ### 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | ### Registored Agent signature require ### 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | ### Registored Agent signature require ### 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE | Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE | TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ad when reinstating) ADDITIONS/CHANGES TO OFFICER. | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE | TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 4.2 NAME | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 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 52 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD | gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE | TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition |
| AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered at OFFICERS A D NOVGRAD, LEA 293 FERN PALM RD BOCA RATON FL | gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE | Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 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 52 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | E S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |

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 of 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 attackment with an address, with all other like empowered.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

THE AND TYPED OR PRINTED NAME OF PIGNIMO DEPICER OR DIRECTOR

1-27-99

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90028 050 ***150.00

Daytime Phone #

R2F034 (11/98)