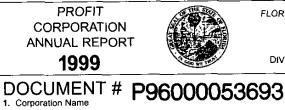
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LEON UNIVERSAL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90027 002 ***150.00



									41
Principal Place	of Business	Mailing Address			_	1 : 22 10 1 2 1			
7400 NW 17TH STREET APT. 110 7400 NW 17TH STREET APT. 110									
PLANTATION FL 33313 PLANTATION FL 33313					ĺ	DO NOT WRITE IN THIS SPACE			
					H	3. Date Incorporated or Qualifed			
					Ì	06/21/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		Applied For	
1 8500 W. SUNRISE BLOD 26 8500 W. SUN				RISE BLOD		65-0676827		Not Applicab	le
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	•	5 Additional	
2 137 27 -137						Fee Rec			
City & State City & State				,) <u>F</u>		6. Election Campaign Financing		00 May Be	
3 PLANTATION, FL 28 PLANTATION				<u> ナレ</u>		Trust Fund Contribution		ed to Fees	{
Zip 3333	Country 522 [25] BROWARD	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Count	BROWA	امم	This corporation owes the current ye Personal Property Tax.	ar Intangible	□No	
24 333	9. Name and Address of Current	<u> </u>	-	COOM		10. Name and Address of New Regist		-,	\dashv
	9. Name and Address of Current	Registered Agent	- E	1 Name		To. Hallo and Adainst a fine			
LEVI	tt, natalie		L	<u> </u>					_
7400 NW 17TH STREET APT. 110				Street Ac	ddres:	s (P.O. Box Number is Not Acceptable) い, SUNRISE BLN	· ·		ļ
PLANTATION FL 33313				13		W. Superse Bobs			
"				*13	<u>3-7</u>				
			8	City ρ_i	AA	STATION		(ip Code 333227	,
44 Durawant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes tf	he abo	ove-named ca	ornora	ation submits this statement for the numo	se of changing	its registered	
office or re	egistered agent or both in the State of	f Florida. Such change was author	rized i	ov the corpor	ation	s board of directors. I hereby accept the	appointment as	registered	
agent. I ar	familiar with, and accept the obligation	ins of, Section 607.0505, Florida	ວເສເນເ	es.					ĺ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if Applicable (NOTE: Regr	stered A	gent signature req	uired w	hen reinstating) DA	TE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	{
TITLE	Р		1.1 TITLE				Chan		tion
NAME	LEVITT, NATALIE	•	1.2 NAM	E Í	0	SOO WEST SUNRIS ADVITATION FL 33.	E RIV	DADO	12- 3
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NAME			2.2 NAM	E (- [
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NAME (3.2 NAW	E [-		
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NAME		ĺ	6.2 NAM	E (
STREET ADDRESS			6.3 STR	EET ADDRESS					

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.

6.4 CITY- ST- ZIP

SIGNATURE:

954-922-1506