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03-01-1999 90029 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000011509

1. Corporation Name
LET3, INC.



Principal Place of Business: 901 NORTH POINT PKWY, 310, WEST PALM BCH FL 33407, US
 Mailing Address: 901 NORTH POINT PKWY, 310, WEST PALM BCH FL 33407, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 02/03/1997
 4. FEI Number: 65-0723928
 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

9. Name and Address of Current Registered Agent
TAYLOR, JUDY A
901 NORTH POINT PKWY
STE 310
WEST PALM BCH FL 33407

10. Name and Address of New Registered Agent (81-85)
 81 Name: **Judy Angie Taylor Dye**
 82 Street Address (P.O. Box Number is Not Acceptable): **901 Northpoint Parkway**
 83: **Suite 310**
 84 City: **West Palm Beach** FL 85 Zip Code: **33407**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: DPVS	<input type="checkbox"/> DELETE
NAME: TAYLOR, JUDY A	
STREET ADDRESS: 901 NORTHPOINT PKWY STE 310	
CITY-ST-ZIP: WEST PALM BCH FL 33407	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: TAYLOR, JUDY A	
STREET ADDRESS: 901 NORTHPOINT PKWY STE 310	
CITY-ST-ZIP: WEST PALM BCH FL 33407	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Judy Angie Taylor Dye	
1.3 STREET ADDRESS: 901 Northpoint Parkway #310	
1.4 CITY-ST-ZIP: West Palm Beach, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Judy Angie Taylor Dye Date: Feb 99 561-6974414 Daytime Phone #

CR2E034 (1/98)