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PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # P97000027363

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 90192 029 ***158.75

1. Corporation	Name 37 0000	7	, 000								
LEEHAM											
	, 1140.) (ON TERP OF		8 (1 8 6 1111 1 8 6)
Principal Place	of Duninger	M	ailing Address			•	- 1 108 108 148 101	H (BAN BANK BAKI)	Elli folio ili	ALE F ores Illio	ENIOR HAN 1441
			940 repáy creek dr.	٨ط	ve:	3S	-				
415 CHICKASAW TRAIL ORLANDO FL 32825			SUITE/02			nl-					
OTENIDO TE VECES			OBLANDO FL 32836			ng -	DO NOT WRITE IN THIS SPACE				
		•					3. Date Incorporated	or Qualifed			j
							03/21/1997				
2. Principal Pl	lace of Business	2a.	. Mailing Address		i		4. FEI Number				plied For
21		26	<u> 5333</u>	Vine	<u>. lq</u>	nd Rd	<u>59-3445041</u>				t Applicable
Suite, Apt.	#, etc		-Suite, Apt. #, etc.	•	- ,	· • ·	5. Certifcate of Statu	s Desired [~	\$8.75 A	
22		27	orland	0 }	ــا -	<u> </u>					
City & State	е	Ь	City & State				6. Election Campaign			\$5.00	
23		28	32811			<u>ange</u>	Trust Fund Contrib			Added t	o rees
Zip	Country	\vdash	Zip		intry)	8. This corporation of			ngible ∭Yes	≥ €No
24	25	29		30	1		Personal Property				25 40
	9. Name and Address of Current	Regis	stered Agent		81	Name	10. Name and Addre	sa of Mem Keg	istered A	Agur	
IAW.	JI, NARGIS				"	Manne					
	10 REEDY CREEK DR				82	Street Addre	ss (P.O. Box Number is	Not Acceptable	;)		
	E 102										
	ANDO FL 32836				83						
UND	ANDO FL 32838				84	City				85 Zip (Code
									<u> </u>	ل_ل	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 6	607.1508, Florida Statu	ites, the a	bove	-named corpo	ration submits this state o's board of directors. I l	ment for the pu hereby accept th	rpose of a ne appoint	nanging its Iment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of	, Section 607.0505, FI	orida Stat	utes.				•		•
SIGNATURE											
	Signature, typed or printed name of registered agent				J Agent	signature required	when reinstating) ADDITIONS/CHAN	GES TO OFFIC	DATE AND	DIRECTO	RS IN 12
12.	OFFICERS AND	אוע כ	DELETE	13.	TI C		PADDITIONS/CHAIN	GES TO OTTIC	ENS AND	Change	Addition
TITLE	D NAME OF STREET						Γ				
NAME	WALJI, NARGIS	_		1.2 N							}
STREET ADDRESS	11940 REEDY CREEK DR., #10/	2		ı		ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32836		☐ DELETE	2.1 TI	ITY-ST	-ZIP	-			Change	Addition
TITLE			C) DELETE			İ					
NAME				2.2 N	MMC.	1				_ ,	
STREET ADDRESS						A DECECT				,	
CITY-ST-ZIP			. المحقود المحافظة الم			ADDRESS	•	-	. ***		-
TITLE			□ nci ste	2.40	TY-S1			-	· ••		Addition
			DELETE	2. 4 C	TLE			-	· •••	Change	Addition
NAME			DELETE	2. 4 C 3.1 Ti 3.2 N.	OTY-SI TLE AME	T-ZIP	·•	-			- Addition
STREET ADDRESS			DELETE	2.4 C 3.1 T 3.2 N 3.3 S	OTY-SI TLE AME TREET	T-ZIP ADORESS		<u>-</u>	· •••		- Addition
STREET ADDRESS CITY-ST-ZIP				2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C	OTY-ST TLE AME TREET CITY-ST	T-ZIP ADORESS		-		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	CITY-ST TILE AME TREET CITY-ST	T-ZIP ADORESS	·•	-			- Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.4 C 3.1 TI 3.2 No 3.3 S 3.4 C 4.1 TI 4.2 No	CITY-SI TLE AME TREET CITY-SI TLE IAME	T-ZIP ADDRESS T-ZIP	·•	-		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE				2.4 C 3.1 TI 3.2 Ni 3.3 S 3.4 C 4.1 TI 4.2 Ni 4.3 S	CITY-SI TILE AME TREET CITY-SI TILE IAME TREET	ADDRESS ADDRESS		-	• • • •	☐ Change	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.4 C 3.1 Tl 3.2 N. 3.3 S' 3.4 C 4.1 Tl 4.2 N 4.3 S' 4.4 C 5.1 Tl 5.2 N.	CITY-ST TILE AME TREET CITY-ST TILE TREET TREET TREET TREET TREET TREET TREET TREET TREE AME	ADDRESS T-ZIP ADDRESS -ZIP		-		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.4C 3.1TI 32N 3.3 \$ 3.4.C 4.1TI 4.2N 4.3 \$ 4.4 C 5.1TI 52N 5.3 \$	TITY-ST TILE AME TREET TILE TREET TILE TREET TILE AME TREET	T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		-	• • •	☐ Change	☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

407-207.8088

Daytime Phone #