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

PROFIT CORPORATION ANNUAL REPORT 1999



Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P97000028715**1. Corporation Name

LENZ & ASSOCIATES INC.

Principal Place of Business	Mailing Address
13258 BOULDER WOODS CIRCLE ORLANDO FL 32824	13258 BOULDER WOODS CIRCLE ORLANDO FL 32824

FILED 99 JUN 29 AN 10: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA



ORLANDO FL 32824			ORLANDO FL 32824			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 03/31/1997
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26						59-3471717 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ot. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State City & State		tate			6. Election Campaign Financing \$5.00 May Be	
23 28					Trust Fund Contribution Added to Fees	
Zip 24	Country	Zip				This corporation owes the current year Intangible     Personal Property Tax
24 25 29 30  9. Name and Address of Current Registered Agent			0]		Personal Property Tax LJYes No  10. Name and Address of New Registered Agent	
<del> </del>	o. Harrie Bilo Address	or content registered Ag		81	Name	
LEN	z, william g					
	8 BOULDER WOODS C	RCLE		82	Street	Address (P.O. Box Number is Not Acceptable)
	ANDO FL 32824			83	<del> </del>	
				84		FL 85 Zip Code
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1508,	Florida Statutes	, the above	named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept t	the obligations of, Section (	607.0505, Florid	ionzed by la Statutes	the corp	soration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of re		(NOTE: Re		t signalure i	required when reinstating) DATE
12.		CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	D		DELETE	1.1 TITLE		Change Addition
NAME	LENZ, WILLIAM G			1.2 NAME	,	7000029255778
STREET ADDRESS				13 STREET ADDRESS		-07/07/9901081001
CITY-ST-ZIP	ORLANDO FL 32824		T DECETE	1.4 CiTY-S	-ZIP	****550.00 ****550.00
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NAME				22 NAME		
STREET ADDRESS				23STREET		
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TITLE			□ DELETE	3 1 TITLE		Change Addition
NAME.				3 2 NAME		
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NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP TITLE			DELETE	4.4 City-Si 5.1 Title	I-ZiP	Change Addition
		'	□ offere	51 HILE 52 NAME		Li Change   Addition
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		•	PELETE	6 2 NAME		Change ( Adollor)
NAME				6.3 STREET	Annocee	
\$TREET ADDRESS				0.3 \$1 KEE	AUUPŒSS	<u> </u>

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 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 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 applicable 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(-102) 888-8400