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 # P9700062790

1. Corporation Name

LEDER BOCA, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90115 014 ***150.00



Principal Place	of Business	Mailing Address				I (Eatiebt ing 1915) (Self game self) and	41114 11411 18814	
6530 WEST ROGERS CIRCLE #31 6530 WEST ROGERS			CLE #31			1		
BOCA RATON I	FL 33487	BOCA RATON FL 33487				DO NOT WRITE IN THIS SPACE		
}						3. Date Incorporated or Qualifed		
						07/21/1997		
2. Principal Pi	lace of Business	2a, Mailing Address		_		4. FEI Number	Api	plied For
21 26 Suite Ant # 507						65-0786261	No	t Applicable
Suite Apt	#, etc.	Suite, Apt. # etc.	-	=	ي الله الله الله الله الله الله الله الل		≈ \$8 :75 ⁄	
22 27						5. Certificate of Status Desired	Fee Re	quired
City & State	6	City & State				6. Election Campaign Financing	\$5.00	
23			<u> </u>			Trust Fund Contribution	Added to	o Fees
Zip	Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax		
24	25	29	30	т		Personal Property Tax. 10. Name and Address of New Registered		□N0
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
DITT	ER, GREGORY J				Tanto			
7000 WEST PALMETTO PARK ROAD				82	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 400				83				
	A RATON FL 33433			**				
				84	City	FL	85 Zip C	Code
11.5	4 0 4 0 7 0 6 0 7 0 6 0	22 and 607 4600 Elorido State	uton the o	hove	-named corne	oration submits this statement for the purpose of		registered
l office or n	egistered agent, or both, in the State	of Florida, Such change was	authorized	1 bv :	the comoratio	n's board of directors. I hereby accept the appo	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	ionda Stat	uies.				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NO)	TE: Registered	Agen	t signature required	when reinstating) DATE		———
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 Π	TLE			Change	☐ Addition
NAME	LEDER, SEAN M		1.2 N	AME				
STREET ADDRESS	6530 WEST ROGERS CIRCLE	#31	1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1,4 C	ΠY-ST	-ZIP			
TITLE	D DELETE			2.1 TITLE		•	Change ·	Addition
NAME	LEDER, SAMUEL E			2.2 NAME				
STREET ADDRESS	TREET ADDRESS 6530 WEST-ROGERS CIRCLE #31			TREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				<u></u>
TITLE	☐ DELETE		3.1 Ti	3.1 TITLE		•	☐ Change	Addition
NAME			3.2 N	AME	1			
STREET ADDRESS			3.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				лY-S	T-ZIP			□ A-4-20:
TITLE		☐ DELETE	4.1 TI				Change	☐ Addition
NAME			4.21					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ DELETE		ITY-SI	-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TI 5.2 N					L AUGILION
NAME					ADDRESS			
STREET ADDRESS			- 4	IKEEI ITY-S1				
CITY-ST-ZIP		DELETE	5.4 C 6.1 Π	_	-217		Change	Addition
ITTLE			6.2 N		-		ப்பாவி	
NAME					ADDRESS			
STREET ADDRESS				ITY-SI				
CODY OF 7ID								

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 supplied ental 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:

SURCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR