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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra-R. Morthom

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 29 1998 8:00am Secretary of State

1. Corporation	LEETZOW, INC	ORPORATED	/2060 (1 _.)		1 (00)(00) (10 (01):100) Behl (01): 04() 04()	}	Hal ab ar 1 6 31
	Į.							
Principal Place of Business Mailing Address						I CONTROPT OUR PURE PRODUCTION OF THE CONTROL OF TH	II 48918 FIWH 88118 W	IEI OBII 1001
2431 8TH STREET 2431 8TH STREET								
UNIT 26			UNIT 26			DO NOT WOITE IN THIS SOLOT		
SARASOTA FL 34237			SARASOTA FL 34237			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	.e							
2. Principal F	Place of Business	2	2a. Mailing Address			08/18/1997 4. FEI Number	1 14.	oplied For
21			26			65-0777904		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Additional
22			27			5. Certificate of Status Desired		equired
City & State			City & State			6. Election Campaign Financing	\$5.00	May 8e
23			28			Trust Fund Contribution		to Fees
Zip			Zip Country		у	8. This corporation owes or has paid the		
24	25 29 29 9, Name and Address of Current Registered Agent			30				J No
		uuress oi Curreni Hegi	stered Agent	81	Name	10. Name and Address of New Registe	red Agent	
	OON, JEFFREY K			*'	INAITHE			
1491 2ND STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable)	···	
SUITE A				83				
SA	VRA<mark>Ș</mark>O TA FL 3423	16		63	1			
*					City		85 Zip	Code
11. Pursuant	to the provisions of	Sections 607 0502 and	607 1508 Etorida Statu	ites the above	e-named occ	poration submite this statement for the assess	FL B Zip	o registered
office or	registered agent, or	both, in the State of Flor	ida. Such change was	authorized b	y the corporal	poration submits this statement for the purpo tion's board of directors. I hereby accept the	se or crianging it appointment as	s registered registered
agent. 1 8	ını memilikai with, and	accept the obligations	or, section 607.0505, F	iorida Statute	S.			
SIGNATURE	Signature, typed or printed	I name of registered agent and lift	In if applicable (NO	TE Registered Ac	ent signature requi	red when reinstating) DA	TE .	
12.		OFFICERS AND DIRE	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE				LEFT 1.1 TITLE			Change	Addition
MILE MADY LETTOW "			1.2 NAME];
STREET ADDRESS 2431 825 ST			2011		ADDRESS			
CITY-ST-ZIP	3 Mar	- m re 340		1.4 CITY-5	ST- ZIP			
TITLE		DELETE		2.1 TITLE			Change	Addition C
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE	DELETE		31 TITLE			Change	Addition	
NAME	5			3.2 NAME				
STREET ADDRESS	1			3.3 STREET				
CITY-ST-ZIP	<u> </u>		Designe	3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	1		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME OTDET ABBRES				4. 2 NAME				
STREET ADDRESS	ê			4.3 STREET				-
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-S	7-ZIP			1 1 1 1 1 1 1
	ě		□" LNETE LE	5.1 TITLE			L Change	Addition
NAME CTREET ADDRESS	- 45.			5.2 NAME	I DODGGG			•
STREET ADDRESS	-			5.3 STREET				
CITY-ST-ZIP TITLE	- 		DELETE	5.4 CITY - S 6.1 TITLE	I-ZIP		Change	Addition
NAME			C OFFICE	6.2 NAME		6000025768		Addition
STREET ADDRESS	-				*DODECC	500002576 8 -07/01/9801008	043	15 dr
1	:::::::::::::::::::::::::::::::::::::			6.3 STREET		*** 1 50.00		$\mathcal{H}^{\nu_{\perp}}$
CITY-ST-Z#P	3			6.4 CITY - S	1 - ZIP			<u> </u>

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 of 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.