

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90072 049 \*\*\*150.00

DOCUMENT # P98000029098

1. Corporation Name  
LENIL, INC.



Principal Place of Business  
2225 NE 123RD STREET  
UNIT 202  
NORTH MIAMI FL 33181

Mailing Address  
2225 NE 123RD STREET  
UNIT 202  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

56-1477539

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 2225 NE 123 St.

26 2225 NE 123 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 216

27 UNIT 216

City & State

City & State

23 NORTH MIAMI FL.

28 NORTH MIAMI FL.

Zip

Country

Zip

Country

24 33181

25

29 33181

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMOND L. SUGAR, P.A.  
950 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

81 Name

EDMOND L. SUGAR P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

5741 SHERIDAN ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 17, 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LENCSE, STEVEN  
STREET ADDRESS 2225 NE 123RD STREET #202  
CITY-ST-ZIP NORTH MIAMI FL 33181

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2225 NE 123 St. #216  
NO. MIAMI FL. 33181

TITLE D ☐ DELETE

NAME LENCSE, ILONA  
STREET ADDRESS 2225 NE 123RD STREET #202  
CITY-ST-ZIP NORTH MIAMI FL 33181

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2225 NE 123 St. #216  
NO MIAMI FL. 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99

305 891-6162

CR2E034 (11/98)