

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90006 033 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031987**

1. Corporation Name

LEFEVER, INCORPORATED

Principal Place of Business
**10350 W BAY HARBOR DRIVE
#3P
BAY HARBOR ISLAND FL 33154**

Mailing Address
**10350 W BAY HARBOR DRIVE
#3P
BAY HARBOR ISLAND FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

65-0851648

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **7601 E Treasure Dr**

Suite, Apt. #, etc.

22 **Apt. 622**

City & State

23 **North Bay Village, FL**

Zip

24 **33141**

Country

25 **USA**

2a. Mailing Address

26 **7601 E Treasure Dr**

Suite, Apt. #, etc.

27 **Apt 622**

City & State

28 **North Bay Village, FL**

Zip

29 **33141**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**LEFEVER, DENNIS R
10350 W BAY HARBOR DRIVE
#3P
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent

81 Name **LEFEVER, Dennis R**

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

7601 E Treasure Dr

83 **Apt 622**

84 City **North Bay Village**

FL

85 Zip Code

33141

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

9/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **LEFEVER, DENNIS R**
STREET ADDRESS **10350 W BAY HARBOR DR, #3P**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ DELETE

NAME **LEFEVER, KAREN T**
STREET ADDRESS **10350 W BAY HARBOR DR, #3P**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7601 E Treasure Dr #622**
1.4 CITY-ST-ZIP **North Bay Village, FL 33141**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7601 E Treasure Dr #622**
2.4 CITY-ST-ZIP **North Bay Village, FL 33141**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE:

Dennis R. LeFever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99
Date

Daytime Phone #

CR2E034 (5/99)

0057648