**FILED** 

Mar 02, 1999 8:00 am Secretary of State

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## 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 # P98000034239

1. Corporation Name

LECOIN & ACCOCIATED INC

LESSIN	a ASSOCIATES, INC.					
Principal Place	e of Business	Mailing Address			T SOUTH AND THE TOTAL SOUTH ABOUT BOTH BOTH ADVANCEMENT AND A STATE AND A STATE AND A STATE AND A STATE AND A	
6521 SUN RIVER ROAD BOYNTON BEACH FL 33437  6521 SUN RIVER ROAD BOYNTON BEACH FL 33437						
~	· .				3. Date Incorporated or Qualified 04/09/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26 444 N.WEL	<u> </u>	S 4. FEI Number 65-0833204   Not Applie Not Applie   Not		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional	
22						
City & State		City & State CHICAGO, IL		·		
Zip	Country	Zip	Coun		8. This corporation owes the current year Intangible	
24	25	29 606103	<b>可 ひ</b>	SA	Personal Property Tax.	
	9. Name and Address of Curren	urrent Registered Agent			10. Name and Address of New Registered Agent	
A A I I I E	THED INDIVID	_	8	1 Name		
MUELLER, JOHN H 100 NORTH TAMPA STREET STE. 2120 TAMPA FL 33602					Address (P.O. Box Number is Not Acceptable)	
1730	7 1 2 00002		1	"		
			8	34 City	FL 85 Zip Code	
office or n agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auti	nonzed i	ov the corpo	corporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: R	egistered A	gent signature re	equired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1,1 TITL	E	☐ Change ☐ Additi	
NAME	LESSIN, ROBERT L		1.2 NAW	E		
STREET ADDRESS	6521 SUN RIVER RD.		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY	-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITL	E	☐ Change ☐ Additi	
NAME	LESSIN, SHIRLEY		2.2 NAM	E		
STREET ADDRESS	6521 SUN RIVER ROAD		2.3 STR	EET ADDRESS	و الماليات المحمدية بولواري المستنب الراب الماليات الماليات الماليات الماليات الماليات الماليات الماليات المالي	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CIT	r-st-zip		
TITLE	T	☐ DELETE			Change Addition	
NAME	LESSIN, DEBRA J		3.2 NAM	E		
STREET ADDRESS	6521 SUN RIVER ROAD		3.3 STR	EET ADDRESS	1740 N. HOYNE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		•			
TITLE	S	☐ DELETE				
NAME	ALTSHUL, MARLA B		4. 2 NA	/E		
STREET ANDRESS	0504 OLD DUED DOAD			FET ADDRESS	1503 THISTLE COURT	

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**BOYNTON BEACH FL 33437** 

BUFFALD GROVE, IL

Change

☐ Change

☐ Addition

☐ Addition