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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000049169

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90098 029 \*\*\*150.00

LEINST	er house, inc.							
Principal Place of Business Mailing Address							I MANUS MANUS MINIM CANAL N	1010 01110 1011 1081
1855 KNOX M		1855 KNOX MCRAE DRIVE						
TITUSVILLE FL 32780 TITUSVILLE FL 32780					l	DO NOT WOLT		
					<u>                                   </u>	DO NOT WRITE Date Incorporated or Qualifed	E IN THIS SPACE	•
						06/02/1998	•	
2. Principal F	Place of Business	2a. Mailing Address				FEI Number	. 11	Applied For
21		26			"			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	1 1	5 Additional Required
22 City & Sta	ite.	City & State				Election Commiss Financias		
23		28			1	Election Campaign Financing Trust Fund Contribution	1 1	0 May Be ed to Fees
Zip	Country	Zip	Count	ry	_	This corporation owes the currer		7
24	25	29	30		1 -	Personal Property Tax.	Yes	<b>12</b> 11/0
	9. Name and Address of Current	t Registered Agent			10.	Name and Address of New Re	gistered Agent	
WHI	ITACRE, WILLIAM L ESQ.		8	1 Name			•	
4 4 4 4	O UNIVERSAL STUDIOS PLAZA		8	2 Street Add	Address (P.O. Box Number is Not Acceptable)			•
	LDING 22, SUITE 212		-	3	- Construction C			
ORLANDO FL 32819-7610			۱	· •				
			8	84 City FL 85 Zip Code			ip Code	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida, Such change was a	uthorized b		poration	additional beach of the pi	dipose of changing	ito registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Statute	es.				registered
agent. I a	Signature, typed or printed name of registered agent	ions of, Section 607.0505, Flo	erida Statute	y the corporations.	ired when rei	instating)	DATE	· · · · ·
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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:**