May 04, 1999 8:00 am Secretary of State

05-04-1999 90187 024 ***150.00

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 # P98000096653

1. Corporation Name

LED EINIANCIAL CEDVICES INC

LED FINANCIAL SERVICES, INC.				
Principal Place of Business	Mailing Address		<u> </u>	
22521 SW 66TH AVENUE	22521 SW 66TH AVENUE			
SUITE 416A	SUITE 416A			
BOCA RATON FL 33428	RATON FL 33428 BOCA RATON FL 33428		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 11/17/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1975 E SUMISE BULL	2_{26} 1975 E s.	maris& BLVD	65-0899351	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 + T. LANDADALE PZ	City & State 28 FT. CADINO	ALT FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 330 7 25 Browns	Zip 29 33304 3	Country	This corporation owes the current year li Personal Property Tax.	ntangible
9. Name and Address of Current			10. Name and Address of New Registered	d Agent
		81 Name		
YANKWITT, ERIC 22521 SW 66TH AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 416A		83		
BOCA RATON FL 33428				- 17 ;
		84 City	F	-
 Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate 	of Florida. Such change was autl	horized by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pintment as registered
SIGNATURE			t when reinstating) DATE	_
Signature, typed or printed name of registered agen		egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAMES OF THE PERSON OF THE PER	_ beceive	1.2 NAME		
ARCHA COM COTTLE AVENUE CLIET	E 4161	1.3 STREET ADDRESS		
BOOA DATON EL 20400		1		
TITLE BUCA HATUN PL 33428	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	Detter	2.2 NAME		
NAME		2.3 STREET ADDRESS]
STREET ADDRESS		2. 4 CITY-ST-ZIP		_
CITY-ST-ZIP	☐ DELETE	3.1 TITLE		Change Addition
		3.2 NAME		
NAME CTOFFT ADDRESS		3.3 STREET ADDRESS		
STREET ADDRESS		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 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 or an attachment with an address with all other like empowered.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

Addition

Change

Change