

02221999-90139-047-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098878			
1. Corporation Name LEILANI'S STATIONERS, INC.			
Principal Place of Business 11961 NW 24 STREET PLANTATION FL 33323		Mailing Address 11961 NW 24 STREET PLANTATION FL 33323	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 11/24/1998	
21		4. FEI Number 650887621	
22 Suite, Apt. #, etc.		Applied For Not Applicable	
23 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
26 Mailing Address		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
27 Suite, Apt. #, etc.		9. Name and Address of Current Registered Agent	
28 City & State		10. Name and Address of New Registered Agent	
29 Zip		81 Name	
30 Country		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 _____ DATE _____			
(NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ Change ☐ Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE:

Wilhelmine Carby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99
Date

954-7145944
Daytime Phone

CR2E034 (11/98)