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Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000098960**

1. Corporation Name

	LEO, INO.					
Principal Place of Business	Mailing Address					
· ·	5534 YAHL STREET					
5534 YAHL STREET 5534 YAHL STREET NAPLES FL 34109 NAPLES FL 34109						
188 660 16 01100				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		1
				11/23/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21	26			ID# 65-0879267		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	 \$8.7.5 .A Fee Red	' '
22	27					
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28			Trust Fund Contribution	Added to	rees
Zip Country	Zip	Countr	у	8. This corporation owes the current year l		□No
24 25	<u> </u>	30		Personal Property Tax. 10. Name and Address of New Registered		
9. Name and Address of Currer	nt Registered Agent	8	1 Name	IV. Maille and Address of New Registers	u Agent	
MISKANIC, VICTOR		Ľ				
5534 YAHL STREET		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34109		8				
11/1/ 220 12 04103		10.	1			
^		8-	1 7	F	85 Zip C	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the purpose	of changing its	registered
11. Pursuant to the provisions of Sections 607.050 office or register to adent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was au ations of, Section 607.0505, Flori	rthorized b ida Statute	y the corpora s.	tion's board of directors. I hereby accept the app .	ointment as reg	Jistered
SIGNATURE /N						
Signature, type for printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	ent signature requi	red when reinstating) DATE		
	nt and title if applicable. (NOTE: IND DIRECTORS	Registered Ag	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	
			ent signature requi		AND DIRECTOR	RS IN 12
12. OFFICERS AN	ID DIRECTORS	13.				
12. OFFICERS AN	ID DIRECTORS	13. . 1.1 TITLE 1.2 NAME				
12. OFFICERS AN TITLE NAME MISKANIC, VICTOR	ID DIRECTORS	13. . 1.1 TITLE 1.2 NAME	ET ADDRESS			Addition
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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 trastee 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #