## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Change Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**/7**\

. Corporation	LEANING SERVICES, INC.	, (1)								
Principal Place of Business Mailing Address									BABA BIBII BIBA	
5140 PALM HILL DR. PN248 N'EST PALM BEACH FL 33415		5140 PALM HILL DR. #N248 West Palm Beach FL 33415-5684						· · · · · · · · · · · · · · · · · · ·		
						3	3. Date Incorporated or Qualified 3a. Date of Last Rep 01/17/1991 05/09/1996			eport
Principal P	lace of Business	2a. Mailing Address 26				4	. FEI Number 65-0241715		An	pplied For ot Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.				5	. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State					. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	,
Zip	Country 7ip 29		30 Cot	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes \( \square\) No			
	g. Name and Address of Curren	t Registered Agent		<u> </u>		10	Name and Address of New R	egistered	Agent	
514 N24	ISHOLM, RICHARD 10 PALM HILL DRIVE 18 ST PALM BEACH FL 33415					ne et Address (P.O. Box Number is Not Acceptable)				
1. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accopt the obligations.	of Florida. Such change was ations of, Section 607.0505, Fl	authorize orida Sta	d by lutes	the corpo s.	oration's	board of directors. I hereby acce	pt the app	f changing it pointment as	s registered registered
2.	Signature, typed or printed name of registered age OFFICERS AN		IE Rugistere	d Age	on signature re	edaned wie		DATE OF DO ANIE	DIDECTOR	O IN 10
ITLE	D OFFICERS AND	DELETE	1.1 1	TI E	1-		ADDITIONS/CHANGES TO OFFI	CEHS AINL	Change	Addition
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CITY-ST-ZIP	W. PALM BEACH FL		1.40				······································			
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IILL				111	,				I CHARGE	• 1 Marana 11 1

6.4 CITY-ST-7IP 14. I do 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 oddrers.

52 NAME

6.1 THLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-\$1-7IP