

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S47962** (3)

1. Corporation Name
J-J. LEO CORPORATION

Principal Place of Business

Mailing Address

**11350 66TH STREET
SUITE 105
LARGO FL 33773
US**

**11350 66TH ST.
SUITE 105
LARGO FL 33773
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1991

4. FEI Number

59-3061447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, JODI L
19135 US 19 N #14
CLEARWATER FL 34624**

81 Name

JODI L. KAPLAN

82 Street Address (P.O. Box Number is Not Acceptable)

243 ARBOR DRIVE EAST

83

84

CITY PALM HARBOR

FL

85 Zip Code

34683

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

Jodi Kaplan President

3-27-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DCP
DICHTER-KAPLAN, JODI
STREET ADDRESS **19135 US 19 N #14
CITY-ST-ZIP **CLEARWATER FL******

1.1 TITLE ☒ Change ☐ Addition

12 NAME **243 ARBOR DRIVE EAST
13 STREET ADDRESS **PALM HARBOR, FL 34683
14 CITY-ST-ZIP****

TITLE ☐ DELETE

NAME **DVS
KAPLAN, JOSHUA
STREET ADDRESS **19135 US 19 N #14
CITY-ST-ZIP **CLEARWATER FL******

2.1 TITLE ☒ Change ☐ Addition

22 NAME **243 ARBOR DRIVE EAST
23 STREET ADDRESS **PALM HARBOR, FL 34683
2.4 CITY-ST-ZIP****

TITLE ☐ DELETE

NAME **T
KAPLAN, JOSHUA
STREET ADDRESS **19135 US 19 N #14
CITY-ST-ZIP **CLEARWATER FL******

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **243 ARBOR DRIVE EAST
3.3 STREET ADDRESS **PALM HARBOR, FL 34683
3.4 CITY-ST-ZIP****

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE

Jodi L. Dichter-Kaplan

3-27-98 813547-0499

CR2E034 (10/97)