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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S90349** **(9)**

1. Corporation Name
LEITI HOMES, INC.

Principal Place of Business	Mailing Address
4380 ENTERPRISE AVE NAPLES FL 33942 US	4380 ENTERPRISE AVE NAPLES FL 33942 US
change ?	change ?

3. Date Incorporated or Qualified: **10/24/1991**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 5261 4th Ave S.W.	26 5261 4th Ave S.W.
Suite, Apt. #, etc. 22 NAPLES FLA	Suite, Apt. #, etc. 27 NAPLES FLA
City & State 23	City & State 28
Zip / Country 24 33999 / 25 Collier	Zip / Country 29 33999 / 30 Collier

4. FEI Number: **65-0290902** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEITI, SCOTT S.
297 MONTEREY DRIVE
NAPLES FL 33999

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable): 5261 4th Ave S.W.

63

64 City: Naples FL 65 Zip Code: 33999

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: Scott S. Leiti SCOTT S. LEITI PRESIDENT 5/13/96
(Signature and typed or printed name of individual signing on behalf of Registered Agent) (Title, if Registered Agent is not required to sign personally) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS LEITI, SCOTT S. ~~297 MONTEREY DR~~ NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPS LEITI, SCOTT S. 5261 4th Ave S.W. Naples Fla 33999	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT LEITI, JOSEPH J. 3240 FORT CHARLES DR NAPLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Scott S. Leiti SCOTT S. LEITI PRESIDENT 5/18/96 (941)592-7779
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)