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Mar 11, 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 # V21587

1. Corporation Name

LEESBURG MARKETPLACE, INC.

Principal Place of Business

**844 MAIN STREET
SUITE 204
LOUISVILLE CO 80027**

Mailing Address

**844 MAIN STREET
SUITE 204
LOUISVILLE CO 80027**

2. Principal Place of Business

21 182 DUKE OF GLOUCESTER ST.

Suite, Apt. #, etc.

22

City & State

23 ANNAPOLIS MD

Zip Country

24 21401 25 USA

2a. Mailing Address

26 P.O. Box 2345

Suite, Apt. #, etc.

City & State

28 ANNAPOLIS, MD

Zip Country

29 21404 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

59-3113724

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, MARK E.
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 200
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ATHANS, DEMETRIOS N**
STREET ADDRESS **844 MAIN STREET, SUITE 204**
CITY-ST-ZIP **LOUISVILLE CO 80027**

TITLE **D** ☒ DELETE
NAME **IRENE ATHANS**
STREET ADDRESS **4520 NORTH B ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **DEMETRIOS N. ATHANS**
1.3 STREET ADDRESS **182 DUKE OF GLOUCESTER ST.**
1.4 CITY-ST-ZIP **ANNAPOLIS MD 21401**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **IRENE ATHANS**
2.3 STREET ADDRESS **3030 GRAND BAY BLVD APT 3101**
2.4 CITY-ST-ZIP **LONG BOAT KEY, FLORIDA 34228**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

410.280.3600

Date

Daytime Phone #

CR2E034 (11/98)