FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21693 (9)

1. Corporation Name
LEPURAGE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9625 DENTON AVE HUDSON FL 34667 US	9625 DENTON AVE HUDSON FL 34667 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1992	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3112029	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. The corporation has liability for intangible tax under s. 199 Florida Statutes ✓ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 13401 Chambord St	26 13401 Chambord St
Suite, Apt. #, etc. 22 Suite 10	Suite, Apt. #, etc. 27 Suite 10
City & State 23 Brooksville Fl	City & State 28 Brooksville Fl
Zip 24 34613 Country 25 USA	Zip 29 34613 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEPURAGE, A JOYCE 3380 MORVEN DRIVE SPRING HILL FL 34609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3376 Morven Dr 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 _______ DATE _______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PVPS NAME: LEPURAGE, AIDA JOYCE STREET ADDRESS: 3380 MORVEN DRIVE CITY-ST-ZIP: SPRING HILL FL 34609	☑ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS: 3376 Morven Dr 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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)(k), Florida Statutes. I further certify that the information indicated on the 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: A. Joyce Lepurage 3-3-95 904 597-8399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385019 CP