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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # V26468 (1)

1. Corporation Name
LENO HOMES, INC.

Principal Place of Business	Mailing Address
1201 E. ATLANTIC BLVD. SUITE 100 POMPANO BEACH FL 33060	1201 E. ATLANTIC BLVD. SUITE 100 POMPANO BEACH FL 33060-7405

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 12/30/1996

4. FEI Number: 65-0328237 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2752 W. ATLANTIC BLVD.	26 2752 W. ATLANTIC BLVD.
Suite, Apt. #, etc. 22 # 33	Suite, Apt. #, etc. 27 # 33
City & State 23 POMPANO BEACH FL.	City & State 28 POMPANO BEACH FL.
Zip / Country 24 33069 25 U.S.A.	Zip / Country 29 33069 30 U.S.A.

9. Name and Address of Current Registered Agent

LENO, GWENDOLYN R.
1201 E. ATLANTIC BLVD.
SUITE 100
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name (ADDRESS CHANGE ONLY)
82 Street Address (P.O. Box Number is Not Acceptable) 2752 W. ATLANTIC BLVD.
83 SUITE 33
84 City POMPANO BEACH FL 85 Zip Code 33069

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	11 TITLE	ADDRESS ☒ Change ☐ Addition
NAME	LENO, GWENDOLYN R.	12 NAME	
STREET ADDRESS	1201 E. ATLANTIC BLVD.	13 STREET ADDRESS	2752 W. ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH FL 33060	14 CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 address.

SIGNATURE: Gwendolyn R. Leno GWENDOLYN R. LENO 4/25/97 (954)917-2800