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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	V48	300)3
1. Corporation Name				

LEN-LAR, INC.

Principal Place of	Business	Mailing Address			
2765 W. TENN ST. TALL FL 32304 US		2765 W. TENN ST. TALL FL 32304 US			
2. Principal Place	of Business	2a. Maiting Address			
Suite, Apt. #, 6	etc.	Suite, Apt #, etc			
22		27			
City & State		City & State			
23		28			
Zip	Country	Ζφ	Country		
24	25	29	30		
9	. Name and Address of Cu	rrent Registered Agent	1		

BOND, NATHAN L 411 EAST COLLEGE AVE. **TALL FL 32304**

99 JAN 29 PM 1:33



DO NOT WRITE IN THIS SPACE

Date Incorporated or C
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07/06/1992

4. FEI Number

59-3134319

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

5. Certificate of Status Desired

Applied For Not App! cable **\$8.75** Additional

6. Election Campaign Financing Trust Fund Contribution

Fee Requires \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible [| Yes Personal Property Tax

10. Name and Address of New Registered Agent

84 City Zip Code 85 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.

82

83

Name

SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	(NDT): Respondent Aspeal Superforcing	and Mark the contract DAN	
12.	OFFICERS AND DIRECTORS	[13.	ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 12
TITLE	D Eil dei	LETE LATITURE	[]	Change [] Addition
NAME	LEE, MONROE P	1.2 NAME	3000027705:	10
STREET ADDRESS	I	13 STREET ADDRESS	-02/03/330111	18019
CITY-ST-ZIP	TALL FL	14 C(TY+SF-Z(F)	####158 75 ##	10 010 k**158 75
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NAME .		3.2 NAME		
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CITY+ST-ZIP		34 CITY-ST-ZIP		
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TITLE	[]			Change [Addition
NAME		62 NAME	(\mathcal{X})	
STREET ADDRESS		63 STREE LADORESS		
COTY ET 310		6.4 CI*Y-S1-7IP		

14. Thereby 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 cate; 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:

850-576-2116

CR2E034 (11/98)